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EXHIBIT 1**Banner Health**

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient Location: PONC - Ped's Oncology**Attending Physician:** BUTTRAM MD,SANDRA DW**Patient:** KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**FIN:** 86693868**Admit Date:** 12/18/2018**Arrival Time:** 16:51 MST**Discharge Date:** 1/7/2019 18:54 MST**Patient Type:** Pediatric Inpatient**ADVANCED DIRECTIVE****Date** 1/7/2019**Time** 18:58 MST**Charted By** Hood RN,Kristen R**Procedure****Units****Type of Advance Directive**See Below^{T1}**Textual Results****T1:** 1/7/2019 18:58 MST (Type of Advance Directive)

N/A patient is under 18 years old

PROBLEM LIST**Problem Name:** Autism**Life Cycle Status:** Active**Last Updated:** 1/21/2019 07:02 MST**Code:** 440F4091-C263-460A-8F78-6DF2032D0558; **Confirmation:** Confirmed; **Course:** ; **Persistence:** ; **Prognosis:** ;**Onset Date:****Problem Name:** Chronic malnutrition**Life Cycle Status:** Canceled; **Cancel Reason:** Error**Last Updated:** 1/21/2019 07:03 MST**Code:** 656011000124114; **Confirmation:** Confirmed; **Course:** ; **Persistence:** ; **Prognosis:** ; **Onset Date:****Problem Name:** Malnutrition**Life Cycle Status:** Resolved**Last Updated:** 9/26/2019 14:30 MST**Code:** 108669016; **Confirmation:** Confirmed; **Course:** ; **Persistence:** ; **Prognosis:** ; **Onset Date:****Problem Name:** Neonatal:Ineffective Feeding Pattern**Life Cycle Status:** Resolved**Last Updated:** 8/27/2014 18:59 MST**Code:** 208764018; **Confirmation:** Confirmed; **Course:** Improving; **Persistence:** ; **Prognosis:** ; **Onset Date:****Comments:** 9/29/2012 03:01 MST; Wanjie RN, Bilha; baby improving in his feeding,maintaining stable blood sugars and temperatures,continue w/ plan of care.

L = Low H = High C = Critical

* = Abnormal

^ = Interpretive Data

c = Corrected

f = Footnote

Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 000001 cych

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

PROBLEM LIST

Comments: 9/28/2012 00:50 MST; Johnsen, RN, Amy L; Neonatal: Ineffective Feeding Pattern

Goals/Outcomes

Neonate will receive adequate nutrition for growth appropriate to age and need.
 Neonate will be able to initiate and sustain suck-and-swallow coordination.

Interventions

- " Cue based feedings
- " Encourage mother to feed ad lib, on demand. If breastfeeding, 8 to 12 feedings in 24 hours should be provided.
- " Assess for proper feeding technique (positioning, suck/swallow, burping, frequency).
- " Provide feeding assistance as needed.
- " Assess LATCH if breastfeeding every shift.
- " Provide lactation consult prn.
- " Monitor I&O (voids and stool count) and daily weight.
- " Monitor maternal medications, which may decrease milk supply.

Problem Name: None

Life Cycle Status: Resolved

Last Updated: 6/5/2013 12:36 MST

Code: 387958016; **Confirmation:** Confirmed; **Course:** ; **Persistence:** ; **Prognosis:** ; **Onset Date:**

Problem Name: Pulmonary hypertension

Life Cycle Status: Active

Last Updated: 1/21/2019 07:03 MST

Code: 117919017; **Confirmation:** Confirmed; **Course:** ; **Persistence:** ; **Prognosis:** ; **Onset Date:**

Problem Name: Right ventricular dysfunction

Life Cycle Status: Resolved

Last Updated: 9/26/2019 14:29 MST

Code: 2956423012; **Confirmation:** Confirmed; **Course:** ; **Persistence:** ; **Prognosis:** ; **Onset Date:**

Problem Name: THERMOREGULATION

Life Cycle Status: Resolved

Last Updated: 9/29/2012 11:45 MST

Code: ; **Confirmation:** Possible; **Course:** ; **Persistence:** ; **Prognosis:** ; **Onset Date:**

Comments: 9/29/2012 02:55 MST; Wanjie RN, Bilha; stable,continue plan of care.

Comments: 9/28/2012 13:45 MST; Parra RN, Kathleen; Baby under warmer, vitals currently WNL. Continue with current Plan of care.

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**PROBLEM LIST****Comments:** 9/27/2012 19:16 MST; Armstrong RN, Michelle; Neonatal Thermoregulation**Goal/Outcomes**

Patient maintains Axillary temperature between 36.5 - 37.4° C (97.7 - 99.3° F)

No signs of heat or cold stress are observed

Parent(s) will verbalize interventions to avoid heat loss

Interventions

" Monitor Axillary temperature initially every 30 min. until stable, then every 4 to 8 hours or as directed by physician.

" Place neonate skin-to-skin with mother or other person designated by mother.

" Assess environment for sources of heat loss or gain through conduction, convection, radiation, and evaporation.

" Teach parents proper intervention for increased or decreased temperature.

" Keep the neonate's clothing and bedding dry.

" Warm objects that will be in contact with the neonate (e.g. stethoscope).

DISCHARGE SUMMARY**Document Name:**

Patient Discharge

Result Status:

Auth (Verified)

Signed By:**Service Date/Time:**

1/3/2019 12:04 MST

Patient Discharge

01/03/19 12:04 MST Performed by QUADIR MD, ZAFAR ABDUL

Entered on 01/03/19 12:05 MST

Discharge Type

Conditional Discharge

Discharge Summary Electronic Signature

Conditional Discharge

QUADIR MD, ZAFAR ABDUL

Conditional Discharge

Conditional Discharge Criteria

Patient Disposition 2

only Under DCS care

Other: DCS custody

Document Name:

Dschrng Instruct/Recommend CM/SS

Result Status:

Auth (Verified)

Signed By:**Service Date/Time:**

1/4/2019 16:16 MST

Dschrng Instruct/Recommend CM/SS

01/04/19 16:16 MST Performed by DeSanctis, Andrea

Entered on 01/04/19 16:17 MST

Instructions/Recommendations

L = Low H = High C = Critical

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Report Request ID: 690868431

BDMC_KK 121818 000003 cyncn

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**DISCHARGE SUMMARY**

Discharge Recommendation CM Summary

Your oxygen company is Preferred
Homecare 480-446-9010. Please contact
them as soon as you arrive home to
arrange delivery of your
concentrator. They may ask for pt's
insurance information.

DME Outpatient PT Order

Order

DME Outpatient PT Indication

Gait disturbance

DME Outpatient PT Specification

Evaluate and treat

Document Name:**Patient Discharge****Result Status:****Auth (Verified)****Signed By:****Service Date/Time:**

1/7/2019 14:51 MST

Patient Discharge

01/07/19 14:51 MST Performed by NOURANI DO, MONA

Entered on 01/07/19 14:51 MST

Discharge Type

Conditional Discharge

Conditional Discharge

Discharge Summary Electronic Signature

NOURANI DO, MONA

Conditional Discharge

Conditional Discharge Criteria

once approved for social work and DCS
placement is finalized

Patient Disposition 2

Home (routine)

Document Name:**Dschrg Instruct/Recommend CM/SS****Result Status:****Auth (Verified)****Signed By:****Service Date/Time:**

1/7/2019 17:04 MST

Dschrg Instruct/Recommend CM/SS

01/07/19 17:04 MST Performed by DeSanctis, Andrea

Entered on 01/07/19 17:05 MST

Instructions/Recommendations

Discharge Recommendation CM Summary

Your oxygen company is Preferred
Homecare 480-446-9010. Please contact
them as soon as you arrive home to
arrange delivery of your

L = Low

H = High

C = Critical

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Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 000004 cycin

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**DISCHARGE SUMMARY**

concentrator. They may ask for pt's insurance information.

The patient's multivitamin was not covered by his former insurance as it is over the counter. You have received a copy of the prescription. Please take it to your local pharmacy and ask the pharmacist to run the it using pt's Mercy Care Longterm Care ID number, A90100127, or using his CMDP ID number, 3874372. If you are still unable to obtain it, it must be purchased as it is important he take this medication.

Order
Gait disturbance
Evaluate and treat

DME Outpatient PT Order
DME Outpatient PT Indication
DME Outpatient PT Specification

Document Name:**Result Status:****Signed By:****Service Date/Time:****Nursing Discharge Details****Auth (Verified)****Hood RN,Kristen R (1/7/2019 18:58 MST)****1/7/2019 18:58 MST**

Hospital Visit Summary Entered On: 01/07/2019 18:59 MST
Performed On: 01/07/2019 18:58 MST by Hood RN, Kristen R

Hospital Visit Summary*Patient Disposition 2 :* Home (routine)

(Comment: Foster Care [Hood RN, Kristen R - 01/07/2019 18:58 MST])

Discharge Arrangements : Patient Post-Acute Information**Patient Name:** KAHRAMAN, KENAN TROY**MRN:** 1709723 **FIN:** 86693868**Gender:** Male **DOB:** 09/27/12 **Age:** 6 Years**Curaspan Referral(s):****Service:** Organization: Business Address: Phone Number:

Durable Medical Equipment Preferred HomeCare - Phoenix 4601 E. Hilton Ave., Ste 100, PHOENIX, AZ, 85034 (480) 446-9010

Smart Template Arrival Date/Time :**L = Low H = High C = Critical***** = Abnormal****^ = Interpretive Data****c = Corrected****f = Footnote****Printed:** 2/24/2022 17:21 MST**Page 5 of 1,592****Report Request ID:** 690868431**BDMC_KK 121818 000005 cycin**

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**DISCHARGE SUMMARY****Admit Date & Time:** 12/18/18 11:34 **Length of stay (days):** 20**Discharge/Transfer Date :** 01/07/2019 MST**Preferred Communication Language :** English**Type of Advance Directive :** N/A patient is under 18 years old**Precautions Observed :** Fall risk**Isolation Type :** Contact, Droplet**ADLs :** Moderate assist**Bathing :** Requires assistance (1)**Dressing :** Requires assistance (1)**Toileting :** Requires assistance (1)**Transferring Bed or Chair :** Requires assistance (1)**Continence :** Independent (2)**Feeding :** Independent (2)**ADL Index Score :** 8**Bed Mobility Assistance :** Independent**Ambulation Assistance :** Max assistance**Gait :** Unable to assess**ST Orientation/Communication :** Orientation Assessment/Characteristics of Communication**Orientation Assessment - Oriented x 4** 01/07/19 13:58**Characteristics of Communication - Appropriate** 01/07/19 13:58**Smart Template Active Orders :** ACTIVE ORDERS**Vital Signs****RSP Oximeter Continuous - 05 PICU .Yes .** 12/18/18 19:28:00 MST .**Perineal Care****Code Status - 05 PICU .Yes .** 12/18/18 19:29:00 MST .Full Resuscitation .**Diet Order Pediatric - 05 PICU .** 12/18/18 19:28:00 MST .REGULAR PED .**Activity as Tolerated****Measure Intake and Output****Cardiac Monitoring****Oral Care****Precautions****Registration Correction Communication****Follow up OT PEDS/NEO - 05 PTNG .Yes .** 12/20/18 16:23:00 MST .Eval 12/20, to follw for OT trial 1-5 session. .**Follow up Social Service****Follow up PT PEDS/NEO - 05 PTNG .Yes .** 12/20/18 12:42:00 MST .PT eval completed. PT to follow 2-4 x/week loss of l mobility. pt in CHF .**RSP Oxygen - 05 CTH .Yes .** 12/21/18 13:04:00 MST .Nasal Cannula .Do not wean .1 .**Education Skin and Wound****Weight****Measure Intake and Output****Triglycerides****Education Pressure Ulcer Prevention****Conditional Order****Conditional Order****Conditional Order****DME Oxygen****L = Low H = High C = Critical***** = Abnormal****^ = Interpretive Data****c = Corrected****f = Footnote****Printed:** 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 000006 cync

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**DISCHARGE SUMMARY**

Follow up RD - 05 DIT . .01/14/19 9:00:00 MST .#1, 4 day .

Registration Correction Communication

Outpatient Therapy/Orders

NS Nutrition Message - 05 PONC . .01/04/19 10:28:00 MST .Please send up 2 gluten free muffins, thank you .

Follow up Case Management

NS Nutrition Message - 05 PONC . .01/05/19 8:52:00 MST .

NS Nutrition Message - 05 PONC . .01/05/19 12:07:00 MST .

NS Nutrition Message - 05 PONC . .01/06/19 8:55:00 MST .

Follow up Dietetic Technician - 05 PTNG . .01/08/19 6:00:00 MST .Calorie count results .

Smart Template Problem List : Problems:

THERMOREGULATION (Since:) Resolved

Ineffective infant feeding pattern (Since:) Resolved

None (Since:) Resolved

Autism.... (Since:) Resolved

Pulmonary hypertension (Since:) Canceled

Dysfunction of right cardiac ventricle (Since:) Canceled

Smart Template Medications : Active Medication Orders with Last Administration - Scheduled

01/07/19 18:58 sildenafil (SILdenafil (Peds)) 20 mg 1 tab Oral Q8H

01/07/19 10:26 calcium-vitamin D 2 tab Oral BID

01/07/19 10:26 sildenafil (SILdenafil (Peds)) 20 mg 1 tab Oral Q8H

01/07/19 10:26 multivitamin 5 mL Oral Daily

01/07/19 10:14 ascorbic acid (Vitamin C) 80 mg 0.16 tab Oral Daily

01/07/19 10:13 ethacrynic acid 12.5 mg 0.5 tab Oral Daily

01/07/19 10:13 levothyroxine 37.5 mcg 0.5 tab Oral Daily

01/07/19 01:16 sildenafil (SILdenafil (Peds)) 20 mg 1 tab Oral Q8H

01/06/19 21:35 calcium-vitamin D 2 tab Oral BID

01/06/19 17:09 sildenafil (SILdenafil (Peds)) 20 mg 1 tab Oral Q8H

01/06/19 08:37 calcium-vitamin D 2 tab Oral BID

01/06/19 08:37 ascorbic acid (Vitamin C) 80 mg 0.16 tab Oral Daily

01/06/19 08:37 sildenafil (SILdenafil (Peds)) 20 mg 1 tab Oral Q8H

01/06/19 08:37 levothyroxine 37.5 mcg 0.5 tab Oral Daily

01/06/19 08:37 multivitamin 5 mL Oral Daily

01/06/19 08:36 ethacrynic acid 12.5 mg 0.5 tab Oral Daily

01/06/19 01:12 sildenafil (SILdenafil (Peds)) 20 mg 1 tab Oral Q8H

01/05/19 21:49 calcium-vitamin D 2 tab Oral BID

PRN Meds*Smart Template Height & Weight :* HT & WT

Weight - 18.0 kg 01/07/19 08:58

Height - 96.5 cm 12/18/18 15:39

Smart Template Intake and Output : I / O TOTAL LAST 24HRS

INTAKE: 320 mL

OUTPUT: 500 mL

TOTAL I/O: -180 mL

Smart Template Allergies : Allergies:

salicylates (Since:04/09/2015)

sulfa drugs (Since:)

Smart Template Vitals : VITALS

L = Low H = High C = Critical

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Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 000007 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**DISCHARGE SUMMARY**

Temp C - 35.9 DegC 01/07/19 16:06
Temp F - 96.6 Deg F 01/07/19 16:06
Systolic Blood Pressure - 104 mmHg 01/07/19 16:07
Diastolic Blood Pressure - 66 mmHg 01/07/19 16:07
Heart Rate - 74 bpm 01/07/19 16:07
Respiratory Rate - 20 br/min 01/07/19 16:07
SpO2 - 100 % 01/07/19 16:07
Oxygen Flow Rate - 1 L/min 01/07/19 16:07
Oxygen Therapy - Nasal cannula 01/07/19 16:07

MAX TEMP 24HRS

Temp C - 36.8 DegC 01/07/2019 04:37

Smart Template Central Line : Central Line

Access Type: Peripherally inserted central catheter (PICC), Pow

Number of Lumens: Double

Site: Brachial vein

Laterality: Left

Catheter Size: 4

Activity: Discontinued

Insertion Date/Time: 12/21/18 16:30

Smart Template Labs : Labs Past 48hrs**CHEMISTRY****CHEM SPEC**

CHEM MISC 01/07/19 04:45

Smart Template Wounds : Wound Assessment

No Wound Consultant Details Found.

Smart Template Tubes and Drains : Urinary Catheter**Gastrointestinal Tube***ST Airway Management :* Airway Management*Smart Template Immunization :* Immunization Info*Summary of Care at Transition :* Provided

Hood RN, Kristen R - 01/07/2019 18:58 MST

Procedure History

(As Of: 01/07/2019 18:59:38 MST)

Anesthesia Minutes: 0 ; *Procedure Name:* None ; *Procedure Minutes:* 0

Document Name:

.Discharge Summary

Result Status:

Auth (Verified)

Signed By:

NOURANI DO,MONA (1/8/2019 15:55 MST)

Service Date/Time:

1/7/2019 15:43 MST

L = Low H = High C = Critical

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Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 000008 cycin

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

DISCHARGE SUMMARY

Discharge Summary*

Patient: KAHRAMAN, KENAN TROY **MRN:** 1709723 **FIN:** 86693868
Age: 6 years **Sex:** Male **DOB:** 09/27/2012
Associated Diagnoses: None
Author: NOURANI DO, MONA

Discharge Information

Discharge Information

Reason for hospitalization: Admitting diagnosis
 Acute right heart failure (Acute right heart failure, I50.811)
 Failure to thrive (child) (Failure to thrive (child), R62.51)
 Anasarca (Generalized edema, R60.1)
 Right ventricular dysfunction (Heart disease, unspecified, I51.9)
 Ketotic hypoglycemia (Other hypoglycemia, E16.1)
 Lower extremity weakness (Other symptoms and signs involving the musculoskeletal system, R29.898)
 Pleural effusion (Pleural effusion, not elsewhere classified, J90)
 Pulmonary hypertension (Pulmonary hypertension, unspecified, I27.20)
 Retarded development following protein-calorie malnutrition (Retarded development following protein-calorie malnutrition, E45)
 Suspected child abuse (Unspecified child maltreatment, suspected, initial encounter, T76.92XA)
 Unspecified severe protein-calorie malnutrition (Unspecified severe protein-calorie malnutrition, E43).

Admitting physician BUTTRAM, SANDRA DW.

Plan to discharge: to home, foster family .

Hospital Course

Allergies:

- salicylates (Since:04/09/2015)
 - sulfa drugs (Since:)

Medical Management

Active treatment w/monitoring: Physical Therapy, Occupational Therapy, Respiratory Therapy oxygen.

Core Measures

Discharge Diagnosis to appear on Patient Discharge Instructions: Discharge diagnosis pulmonary hypertension, severe malnutrition, inability to ambulate, hypothyroidism .
 Acute MI?: No.
 Community-Acquired Pneumonia?: No.
 Heart Failure?: No.
 Behavioral Health?: No.
 Pediatric Asthma?: No.
 Pediatric wheezing without Asthma?: No.

Hospital Course

Admitted from: from home.
 Transferred via: by car.
 Admission disposition: admit to ICU, then transferred to medical floor .
 Length of stay: days 21.

6 yo twin male with autism, multiple reported food "sensitivities" with severely restricted diet, who presented on 12/18 with 2 mo inability to walk, 3 weeks of chest pain, facial swelling and periodic abdominal pain, and 2 weeks of increasing lethargy. Pt was taken to the ED at CCMC, where echo showed right heart failure and pulmonary hypertension. He was admitted to the PICU and started on therapy with milrinone and diuretics. On 12/21 he underwent cardiac cath by Dr. Miga which confirmed pulmonary hypertension, responsive to oxygen and iNO. SCAN team consulted for concerns for neglect and been following him. Also Nutrition consulted and he was started on TPN. He was also found to have hypothyroidism and started on synthroid. he was transferred to the floor on 12/23.

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**DISCHARGE SUMMARY**

parents continues to offer him only carrots, beets, meatballs and potatoes due to his "severe food allergy and intolerance". however due to his severe malnutrition the hospital continued to urge the parents to add new food to his regiment. parents would only give him a very small amount of any new food claiming he is very uncomfortable after eating the new food. they continued to restrict his calorie intake to only 500 a day and feeding him spoon fulls of the food brought from home and refused any food from the hospital. DCS was involved and had a care conference with the family. they also refused any ibuprofen or tylenol. after the care conference DCS decided to take custody of Kanan and his twin brother and parents were asked to leave the hospital. Kenan started to slowly eat different types of food and day by day he continued to show eagerness to try new foods without any signs or symptoms of intolerance or food allergies. He also was given dairy and gluten with no issues. He continues to maintain and gain some weight in the hospital with variety of foods. He was also started on PT since he refused to ambulate decide showing adequate muscle strength and normal neurological exam. He was able to ride his tricycle and started to slowly support his weight and improve with PT. knee and hip xrays were normal and showed some bone demineralization. He was continued on all his medication with no issues after speaking to cardiology the cause of his pulmonary hypertension is still under investigation and needs further follow up.

He was set up for all his apt follow ups with

Cardiology, GI, Pulmonary, Orthopedic surgery, endocrinologist, Physical therapy and neurology.

He was discharged home to foster family .

Physical Examination**Vital Signs:** Last vitals**VITALS**

Temp C - 35.9 DegC 01/07/2019 16:07
Temp F - 96.6 Deg F 01/07/2019 16:07
Heart Rate - 74 bpm 01/07/2019 16:07
Respirations - Unlabored 01/07/2019 14:01
Systolic Blood Pressure - 104 mmHg 01/07/2019 16:07
Diastolic Blood Pressure - 66 mmHg 01/07/2019 16:07
Mean Arterial Pressure - 74 mmHg 01/07/2019 16:07
SpO2 - 100 % 01/07/2019 16:07
Oxygen Therapy - Nasal cannula 01/07/2019 16:07
Oxygen Flow Rate - 1 L/min 01/07/2019 16:07
Weight - 18.0 kg 01/07/2019 08:58

MAX TEMP 24HRS

Temp C - 35.9 DegC 01/07/2019 16:07 .

General: No acute distress, Playful.

Eye: Pupils are equal, round and reactive to light, Normal conjunctiva.

HENT: Normocephalic, Tympanic membranes are clear, No pharyngeal erythema.

Respiratory: Lungs are clear to auscultation, Respirations are non-labored, Breath sounds are equal.

Cardiovascular: Normal rate, Regular rhythm, No murmur, No gallop, Good pulses equal in all extremities, Normal peripheral perfusion.

Gastrointestinal: Soft, Non-tender, Non-distended, Normal bowel sounds, No organomegaly.

Genitourinary: deferred

Musculoskeletal: Normal range of motion, Normal strength, No swelling.

Integumentary: Warm, Pink.

Neurologic: Alert, Moves all extremities appropriately.

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote

Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 000010 cync

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**DISCHARGE SUMMARY****Results Review****General Results**Labs**CBC**

WBC	8.8	01/04/19 11:40
RBC	3.76	01/04/19 11:40
HGB	11.3	01/04/19 11:40
HCT	36.6	01/04/19 11:40
MCHC	30.9	01/04/19 11:40
MCV	97	01/04/19 11:40
Platelet	380	01/04/19 11:40
Differential Method	Automated	01/04/19 11:40

BMP

Sodium	140	01/04/19 11:40
Potassium	4.4	01/04/19 11:40
Chloride	103	01/04/19 11:40
CO2	27	01/04/19 11:40
Glucose Level	89	01/04/19 11:40
BUN	14.5	01/04/19 11:40
Creatinine	0.20	01/04/19 11:40

Other

Magnesium	2.3	01/04/19 11:40
Calcium	9.9	01/04/19 11:40
Albumin	4.2	01/04/19 11:40
Alkaline Phos	134	01/04/19 11:40
AST	102	01/04/19 11:40
ALT	174	01/04/19 11:40
Bilirubin Total	0.3	01/04/19 11:40
APTT	25.6	12/18/18 13:25
INR	1.3	12/18/18 13:25
Protime	14.8	12/18/18 13:25

Cardiac Enzymes

CK, Total	46	01/04/19 11:40
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Microbiology Results

Blood Culture-Blood PeripheralStatus: NEG 01/05/19 02:10
 Blood Culture-Blood PeripheralStatus: NEG 01/04/19 06:44
 Blood Culture-Blood Central LineStatus: NEG 01/04/19 06:44
 Reflex Shigatoxin 1 and 2-Discern-StoolStatus: NEG 12/22/18 17:06
 Stool Cult w Shiga Toxin-StoolStatus: NEG 12/23/18 14:16

Discharge Plan**Discharge Summary Plan**

Discharge Status: improved.

L = Low H = High C = Critical

* = Abnormal

^ = Interpretive Data

c = Corrected

f = Footnote

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Report Request ID: 690868431

BDMC_KK 121818 000011 cync

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHARAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**DISCHARGE SUMMARY**

Discharge instructions given: to caregiver.

Discharge disposition: discharge to home into the care of family member.

Prescriptions: Discharge Medications

Discharge Medications**Multiple Vitamins oral liquid:** 5 mL, Oral, Daily, for 30 days, 150 mL, 0 Refill(s) (Modified)**Ordered by:** QUADIR MD, ZAFAR ABDUL - 01/03/2019 10:00**calcium-vitamin D 500 mg-200 iu oral tablet:** 2 tab, Oral, BID, for 30 days, 120 tab, 0 Refill(s)**Ordered by:** QUADIR MD, ZAFAR ABDUL - 01/03/2019 09:59**Multiple Vitamins oral liquid:** 5 mL, Oral, Daily, for 30 days, 150 mL, 0 Refill(s)**Ordered by:** QUADIR MD, ZAFAR ABDUL - 01/03/2019 10:00**Vitamin C 100 mg oral tablet, chewable:** 100 mg, 1 tab, Chew, Daily, for 30 days, 30 tab, 0 Refill(s)**Ordered by:** QUADIR MD, ZAFAR ABDUL - 01/03/2019 10:01**ethacrynic acid 25 mg oral tablet:** 12.5 mg, 0.5 tab, Oral, Daily, for 30 days, 15 tab, 0 Refill(s)**Ordered by:** QUADIR MD, ZAFAR ABDUL - 01/03/2019 09:59**levothyroxine 75 mcg (0.075 mg) oral tablet:** 37.5 mcg, 0.5 tab, Oral, Daily, for 30 days, 15 tab, 0 Refill(s)**Ordered by:** QUADIR MD, ZAFAR ABDUL - 01/03/2019 10:00**Home Oxygen:** 1L/min via Nasal Cannula for EXERTION, Nostril-Both, Daily, for 52 weeks, With portable, 1 units, 12 Refill(s)**Ordered by:** QUADIR MD, ZAFAR ABDUL - 01/03/2019 09:57**sildenafil 20 mg oral tablet:** 20 mg, 1 tab, Oral, Q8H, for 30 days, 90 tab, 0 Refill(s)**Ordered by:** LALAN, SHWETAL PRAGNESH - 12/30/2018 15:28**Follow-up**

follow up with PCH genetics,
endocrine
pulmonology
GI
cardiology
neurology
Physical therapy .

Counseled

Guardian.
Regarding diagnosis.
Regarding medications.
Diet.
Activity.

Patient Instructions

plan discussed with family at bedside who expressed understanding and agreed with plan of care. Time spent for education of the family, discharge planning, medical education, and face to face conversation 35 minutes . Greater than 50% of the visit was spend in counseling and coordination of care.

DEPART SUMMARY DOCUMENTS**Document Name:****Result Status:****Signed By:****Service Date/Time:****Core Measures****Auth (Verified)****QUADIR MD,ZAFAR ABDUL (1/3/2019 12:04 MST)****1/3/2019 12:04 MST****Core Measures Entered On: 01/03/2019 12:04 MST****Performed On: 01/03/2019 12:04 MST by QUADIR MD, ZAFAR ABDUL****L = Low****H = High****C = Critical***** = Abnormal****^ = Interpretive Data****c = Corrected****f = Footnote****Printed: 2/24/2022 17:21 MST****Page 12 of 1,592****Report Request ID: 690868431****BDMC_KK 121818 000012 cycin**

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T

DOB: 9/27/2012 **Sex:** Male

Age: 9 years

MR#: 1709723

Patient Location: 05 PONC; P713; 01

Attending Physician: BUTTRAM MD,SANDRA DW

DEPART SUMMARY DOCUMENTS

Electronically Signed By:NOURANI DO, MONA

DISCHARGE DIAGNOSIS

Diagnosis: Right Ventricular dysfunction

Pulmonary Hypertention

Anasarca

Protein energy Malnutrition

FTT

Suspected Child abuse

ALLERGY INFORMATION

salicylates; sulfa drugs

MY MEDICATION INSTRUCTIONS

Talk with your primary care doctor if you have any medication questions.

START taking these NEW medications:

Banner Family Pharmacy Desert, 1400 S Dobson Rd Mesa, AZ 852024707, (480) 412 - 4250

ascorbic acid (Vitamin C 100 mg oral tablet, chewable) 1 tab(s) Chew Once every day for 30 days. Refills: 0.

Ordering physician: QUADIR MD, ZAFAR ABDUL

Last dose:_____Next dose:_____

calcium-vitamin D (calcium-vitamin D 500 mg-200 iu oral tablet) 2 tab(s) Oral Twice a day for 30 days. Refills: 0.

Ordering physician: QUADIR MD, ZAFAR ABDUL

Last dose:_____Next dose:_____

ethacrynic acid (ethacrynic acid 25 mg oral tablet) 0.5 tab(s) Oral Once every day for 30 days. Refills: 0.

Ordering physician: QUADIR MD, ZAFAR ABDUL

Last dose:_____Next dose:_____

levothyroxine (levothyroxine 75 mcg (0.075 mg) oral tablet) 0.5 tab(s) Oral Once every day for 30 days. Refills: 0.

Ordering physician: QUADIR MD, ZAFAR ABDUL

Last dose:_____Next dose:_____

sildenafil (sildenafil 20 mg oral tablet) 1 tab(s) Oral Every 8 Hours for 30 days. Refills: 0.

Ordering physician: LALAN, SHWETAL PRAGNESH

Last dose:_____Next dose:_____

L = Low H = High C = Critical

* = Abnormal

^ = Interpretive Data

c = Corrected

f = Footnote

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Report Request ID: 690868431

BDMC_KK 121818 000019 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**DEPART SUMMARY DOCUMENTS**

	<i>Classification:</i> Medical ; <i>Clinical Service:</i> Non-Specified ; <i>Code:</i> ICD-10-CM ; <i>Probability:</i> 0 ; <i>Diagnosis Code:</i> R29.898
Pleural effusion	<i>Date:</i> 12/18/2018 ; <i>Diagnosis Type:</i> Working ; <i>Confirmation:</i> Confirmed ; <i>Clinical Dx:</i> Pleural effusion ; <i>Classification:</i> Medical ; <i>Clinical Service:</i> Non-Specified ; <i>Code:</i> ICD-10-CM ; <i>Probability:</i> 0 ; <i>Diagnosis Code:</i> J90
Pulmonary hypertension	<i>Date:</i> 12/18/2018 ; <i>Confirmation:</i> Confirmed ; <i>Clinical Dx:</i> Pulmonary hypertension ; <i>Classification:</i> Medical ; <i>Code:</i> ICD-10-CM ; <i>Probability:</i> 0 ; <i>Diagnosis Code:</i> I27.20
Retarded development following protein-calorie malnutrition	<i>Date:</i> 12/21/2018 ; <i>Diagnosis Type:</i> Working ; <i>Confirmation:</i> Confirmed ; <i>Clinical Dx:</i> Retarded development following protein-calorie malnutrition ; <i>Classification:</i> Medical ; <i>Clinical Service:</i> Non-Specified ; <i>Code:</i> ICD-10-CM ; <i>Probability:</i> 0 ; <i>Diagnosis Code:</i> E45
Right ventricular dysfunction	<i>Date:</i> 12/18/2018 ; <i>Confirmation:</i> Confirmed ; <i>Clinical Dx:</i> Right ventricular dysfunction ; <i>Classification:</i> Medical ; <i>Code:</i> ICD-10-CM ; <i>Probability:</i> 0 ; <i>Diagnosis Code:</i> I51.9
Suspected child abuse	<i>Date:</i> 12/26/2018 ; <i>Diagnosis Type:</i> Working ; <i>Confirmation:</i> Confirmed ; <i>Clinical Dx:</i> Suspected child abuse ; <i>Classification:</i> Medical ; <i>Clinical Service:</i> Non-Specified ; <i>Code:</i> ICD-10-CM ; <i>Probability:</i> 0 ; <i>Diagnosis Code:</i> T76.92XA
Unspecified severe protein-calorie malnutrition	<i>Date:</i> 12/21/2018 ; <i>Diagnosis Type:</i> Working ; <i>Confirmation:</i> Confirmed ; <i>Clinical Dx:</i> Unspecified severe protein-calorie malnutrition ; <i>Classification:</i> Medical ; <i>Clinical Service:</i> Non-Specified ; <i>Code:</i> ICD-10-CM ; <i>Probability:</i> 0 ; <i>Diagnosis Code:</i> E43

Document Name:	ED Pat Edu
Result Status:	Auth (Verified)
Signed By:	Taylor RN,Jackie (12/18/2018 17:29 MST)
Service Date/Time:	12/18/2018 17:29 MST

ED Pat Edu

No follow up information was provided.

Document Name:	ED Pat Edu
Result Status:	Auth (Verified)
Signed By:	Taylor RN,Jackie (12/18/2018 17:29 MST)
Service Date/Time:	12/18/2018 17:29 MST

ED Pat Edu

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

HISTORY AND PHYSICAL

Document Name: .History and Physical
 Result Status: Modified
 Signed By: BUTTRAM,SANDRA DW (12/19/2018 06:07 MST);
 BUTTRAM,SANDRA DW (12/19/2018 06:05 MST);
 BUTTRAM,SANDRA DW (12/18/2018 23:28 MST);
 BUTTRAM,SANDRA DW (12/18/2018 23:25 MST);
 BUTTRAM,SANDRA DW (12/18/2018 23:15 MST)
 Service Date/Time: 12/18/2018 18:50 MST

History and Physical Note - Critical Care*

Patient: KAHRAMAN, KENAN TROY MRN: 1709723 FIN: 86693868
 Age: 6 years Sex: Male DOB: 09/27/2012
 Associated Diagnoses: None
 Author: BUTTRAM, SANDRA DW

Subjective

Chief complaint: Swelling and decreased activity level

Historian: Mother and medical chart

History of present illness: 6-year-old male with past medical history significant for autism and significant food sensitivities which resulted in behavioral changes who was in his usual state of health until early October of this year. At that time he fell on his right knee and continued to complain of knee pain. (His twin brother had approximately 2-3 weeks prior also complained of knee/lower extremity pain and also became nonambulatory and was using a wheelchair) He was seen at PCH by orthopedics where x-rays were reportedly negative. He was also seen by a "neurologic physical therapist" who diagnosed him with hip and quadricep weakness. Since this incident in October the patient has been unable to ambulate which he used to do without difficulty. He was seen at PCH ED in an attempt to expedite a neurology evaluation. Reportedly at that time his CK was normal but his sed rate was elevated. He did see neurology who recommended EMG and MRI as well as rheumatology follow-up and none of these things were completed due to mother's concern for need for anesthesia and long wait for rheumatology evaluation. Parents took him out of school at the end of October and have since been home schooling because they were concerned that his inability to ambulate was due to exposure to "toxins" at school specifically the dry erase markers. He has made some improvements in his movement that he scoots along the floor mainly using his arms and is able to move himself from the couch to the floor.

Patient began complaining of chest pain around Thanksgiving which seems to be worse at night. Mother would check his heart rate and was concerned for some irregularities and possible palpitations. The beginning of December patient had 3 episodes which mother felt were seizures. They all began with waking from sleep and crying that he had abdominal pain. He had back arching and grinding of his teeth with a blank stare but no generalized tonic-clonic movement. With each of these episodes he vomited a "liver fluke" and passed stool with visible "parasites" per mother. Each of these episodes was brief lasting only a couple of minutes. Episode #2 he fell sideways while he was sitting on the toilet and bumped his head on the counter but mother was right there and was able to break the fall. She felt that these episodes were due to the toxin buildup in his body and that the emesis and stool output were ridding his body of "toxins". After the seizure episodes a naturopath was consulted who suggested magnesium supplementation which mother has been doing at home. She states that she began noticing facial swelling at the beginning of December which has been intermittent as well as hand and foot swelling. He has had decreased activity level and increased napping over the last 2 weeks as well. He was taken for a colonic with water yesterday due to all of these symptoms without improvement.

In the ED he was noted to have diffuse anasarca. An echo cardiogram was obtained which showed RA and RV dilation with decreased right ventricular function and pulmonary hypertension with estimated RV pressures approximately two thirds systemic. He was given a dose of Lasix for diuresis and admitted to the PICU for further management.

Review of Systems

Constitutional: Negative except as documented in history of present illness.

Eye: Negative.

Ear/Nose/Mouth/Throat: Negative.

Respiratory: Negative.

Cardiovascular: Negative except as documented in history of present illness.

Gastrointestinal: Negative except as documented in history of present illness, Emesis was nonbilious nonbloody but contained "liver fluke". No hematochezia or melena. Loose stools with "parasites" frequent, Numerous food sensitivities, Passed "gallstones" 3-4 weeks ago.

Genitourinary: Negative.

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote
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BDMC_KK 121818 000057 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**HISTORY AND PHYSICAL****Endocrine:** Negative.**Integumentary:** Intermittent red scaly "psoriatic" lesions approximately dime size which come and go attributed to toxins exiting his body through his skin.**Hematology/Lymphatics:** Negative.**Musculoskeletal:** Negative except as documented in history of present illness.**Neurologic:** Negative except as documented in history of present illness.**Histories****Past Medical History**Resolved

None (387958016): Resolved.

Autism (440F4091-C263-460A-8F78-6DF2032D0558): Resolved..

Procedure history

None (387958016)..

Family History:

No family history items have been selected or recorded.

Birth history: 38-week fraternal twin. Normal spontaneous vaginal delivery. GBS positive. Birth weight 5 pounds 7 ounces. Did have meconium at birth which mother attributes to his gastrointestinal difficulties. Home with mom on day of life 2

Past medical history:

Autism diagnosed by ADOS test at approximately 22 months of age

Numerous food sensitivities which resulted in behavioral changes. Has been on the GA PS diet since 3 years of age. This diet remove starches and sugars. Herbs and oils cause itchy eyes. Fruits and vegetables caused insomnia, bloating and abdominal pain, emotional lability which mother attributes to the salicylates in the skin. No fermented or vacuum sealed foods because these cause facial swelling due to histamine. He currently only eats New Zealand Lamb meatballs and the broth from this meat as well as minimal beets, carrots and egg yolk.

Seen in the emergency department 2013 for facial swelling attributed to food allergy

Seen in the emergency department 2016 for walking abnormality. Per mother at this time uric acid was elevated which she attributed to his diet and gout and this completely resolved over time

Past surgical history: None**Immunizations:** None

Diet: Breast milk until 2-1/2 years of age. When cow-based dairy products were introduced he developed facial swelling and these were then avoided. Please see food sensitivity description in past medical history above. Currently eats very limited diet including Lamb, broth from Lamb, beets, carrots, egg yolk

Family history: Twin brother has also not been ambulatory since 10/18. Mother with melanoma status post excision, mother and father both with Hashimoto thyroiditis, paternal grandfather/paternal grandmother MI both in their 60s, maternal great grandmother with heart failure. No neuromuscular weakness, metabolic syndrome, pulmonary hypertension known

Social history: Lives with parents and twin brother. Father smokes outside. Fish as pets. Babysitter comes into the home. Homeschooled since the end of October prior to which he was attending kindergarten with a 504 plan in place

Objective**Allergies:**

- salicylates (Since:04/09/2015)
- sulfa drugs (Since:)

Vital Signs: Last vitals**VITALS**

Temp C - 36.4 DegC 12/18/2018 17:42

Temp F - 97.5 Deg F 12/18/2018 17:42

Heart Rate - 97 bpm 12/18/2018 17:42

L = Low H = High C = Critical

* = Abnormal

^ = Interpretive Data

c = Corrected

f = Footnote

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Report Request ID: 690868431

BDMC_KK 121818 000058 cycin

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

HISTORY AND PHYSICAL

Respiratory Rate - 26 br/mi 12/18/2018 17:42
 Systolic Blood Pressure - 119 mmHg 12/18/2018 17:42
 Diastolic Blood Pressure - 86 mmHg 12/18/2018 17:42
 Mean Arterial Pressure - 91 mmHg 12/18/2018 17:42
 SpO2 - 100 % 12/18/2018 17:42
 Oxygen Therapy - Room air 12/18/2018 17:42
 Weight - 18.2 kg 12/18/2018 17:51

MAX TEMP 24HRS

Temp C - 36.4 DegC 12/18/2018 17:42 , Height/Weight : HEIGHT/WEIGHT
 12/18/2018 17:40 MST Weight 18.2 kg .

Intake and Output: Total Intake and Output

I/O - Today

INPUT: 3.80
 OUTPUT: 280.00
 TOTAL I/O: -276.20

I/O - Yesterday

I/O - Admission

INPUT: 3.80
 OUTPUT: 280.00
 TOTAL I/O: -276.20 .

Physical Examination

General: Alert and oriented, Diffuse swelling including periorbital, face, extremities, abdomen.
Eye: Pupils are equal, round and reactive to light, Extraocular movements are intact, Normal conjunctiva.
HENT: Normocephalic, Oral mucosa is moist, No pharyngeal erythema.
Respiratory: Lungs are clear to auscultation, Respirations are non-labored.
Cardiovascular: Normal rate, Regular rhythm, No murmur, Good pulses equal in all extremities.
Gastrointestinal: Soft, Non-tender, Normal bowel sounds, Abdomen full. Liver edge palpable ~3cm below right costal margin.
Musculoskeletal: Diffuse swelling dorsum of hands and feet. No pitting noted..
Integumentary: Warm, Dry, Pale, Few petechiae on left upper extremity just distal to the antecubital area which may be secondary to tourniquet placement for blood draw in the antecubital fossa. Erythematous macules on right upper chest secondary to Band-Aid sensitivity per mom.
Neurologic: Alert, Oriented, Grossly normal motor strength in bilateral upper extremities unable to test grip on left upper extremity due to arm board in place. Bilateral lower extremities with no antigravity movement noted. Able to flex and extend both at the knee and ankle. No clonus noted. Patellar DTRs 2+. Face symmetric. Tongue midline. Extraocular movements intact. Sensation grossly intact but patient uncooperative at this point in the exam..

Results Review

Interpretation of Results

Medical Imaging (ST)

Radiology Results:

DIAGNOSTIC RADIOLOGY

Chest PA + Lat - Entered by: DeLizio RT, Sydney S - 12/18/2018 13:51

Chest x-ray two-view.Comparison study: NoneClinical Information: Generalized edema. Possible pleural effusionFindings: The cardiac silhouette is within the upper limits of normal in size. The frontal chest image is rotated to the left side.The lungs are clear. There is minimal left-sided pleural effusion No evidentacute bony abnormality.Impression: Minimal left-sided pleural effusion.The workstation used in generating this report was CRIPHX1834512.

ULTRASOUND

US Abdominal Complete - Entered by: Worhack, Taylor - 12/18/2018 14:55

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote
 Printed: 2/24/2022 17:21 MST Page 59 of 1,592 Report Request ID: 690868431

BDMC_KK 121818 000059 cyn

Banner Health

BANNER DESERT MEDICAL CENTER

1400 S. Dobson Road

Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**HISTORY AND PHYSICAL**

Exam: Abdominal ultrasound complete. Clinical information: Generalized edema. Anasarca. Findings: The liver appeared normal in echogenicity and showed no focal abnormalities. It measured approximately 11.2 cm in craniocaudal dimension. Nobile duct dilatation. The CBD measured approximately 1.0 mm. The gallbladder showed no stones, sludge or wall thickening. The pancreas was unremarkable. The right kidney measured approximately 8 point cm in length the left kidney approximately 7.8 cm., Within normal limits. The kidneys appeared normal in echogenicity and showed no focal abnormality or collecting system dilatation. The spleen was unremarkable. It measured approximately 7.1 cm in craniocaudal dimension. The visualized portions of the aorta and IVC were unremarkable. A small amount of ascites was seen in the upper abdomen. A moderate amount of ascites was seen in the pelvis. There was evidence for some debris within the urinary bladder. Impression: Ascites. The solid organs show no obvious abnormality. Debris in the urinary bladder. This can be seen with infection, hemorrhagic blood products, protein or crystal deposition. Please correlate clinically. The workstation used in generating this report was CRIPHX1834512.

Lab ResultsLabs**CBC**

WBC	7.4	12/18/18 15:05
RBC	4.55	12/18/18 15:05
HGB	13.9	12/18/18 15:05
HCT	41.7	12/18/18 15:05
MCHC	33.3	12/18/18 15:05
MCV	92	12/18/18 15:05
Platelet	151	12/18/18 15:05
Differential Method	Automated	12/18/18 15:05

BMP

Sodium	137	12/18/18 13:25
Potassium	3.8	12/18/18 13:25
Chloride	98	12/18/18 13:25
CO2	13	12/18/18 13:25
Glucose Level	56	12/18/18 13:25
BUN	15.5	12/18/18 13:25
Creatinine	0.33	12/18/18 13:25

Other

Magnesium	2.6	12/18/18 13:25
Calcium	8.8	12/18/18 13:25
Albumin	4.2	12/18/18 13:25
Alkaline Phos	85	12/18/18 13:25
AST	43	12/18/18 13:25
ALT	45	12/18/18 13:25
Bilirubin Total	1.0	12/18/18 13:25
APTT	25.6	12/18/18 13:25
INR	1.3	12/18/18 13:25
Protime	14.8	12/18/18 13:25

Cardiac Enzymes

CK, Total	376	12/18/18 13:25
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L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote
Printed: 2/24/2022 17:21 MST Page 60 of 1,592 **Report Request ID:** 690868431

BDMC_KK 121818 000060 cym

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**HISTORY AND PHYSICAL**Recent Labs : LABORATORY

12/18/2018 13:25 MST

12/18/2018 12:43 MST

CK, Total	376 U/L H
NT-proBNP	12,567 pg/mL H
Cholesterol	241 mg/dL H
T4 Free	0.56 ng/dL L
TSH	11.16 uIU/mL H
Prealbumin	10 mg/dL L
Amphetamine Screen, UR	Negative
Barbiturate Screen, UR	Negative
Benzodiazepine Screen, UR	Negative
Cannabinoid (THC) Screen, UR	Negative
Cocaine Screen, UR	Negative
Methadone Screen, UR	Negative
Opiate Screen, UR	Negative
Oxycodone Screen, UR	Negative
Phencyclidine Screen, UR	Negative
DSAU Comment	See Note
Color, UR	Yellow
Appearance, UR	Hazy
Glucose, UR	Negative mg/dL
pH, UR	6.0
Ketones, UR	20(Small) mg/dL
Protein, UR	30 mg/dL
Bilirubin, UR	Negative
Blood, UR	0.20(Moderate) mg/dL
Urobilinogen, UR	Normal mg/dL
Specific Gravity, UR	1.021
Nitrite, UR	Negative
Leukocyte esterase, UR	Negative mg/dL
WBC, UR	6-10 /HPF
RBC, UR	3-10 /HPF
Non-Squamous Epithelial, UR	1-5 /HPF
Mucus, UR	Present /HPF
Sodium, UR	25 mmol/L NA
Na, Normalized to Creat	24 mmol/g creat
Potassium, UR	39 mmol/L NA
K, Normalized to Creat	41 mmol/g creat
Chloride, UR	40 mmol/L NA
Cl, Normalized to Creat	44 mmol/g creat
Creatinine, UR	94.1 mg/dL
Creatinine, UR	94.1 mg/dL
Creatinine, UR	94.1 mg/dL

Assessment

6-year-old male with right heart failure and pulmonary hypertension of unclear etiology
Anasarca including ascites and left pleural effusion likely secondary to above
Laboratory evaluations consistent with hypothyroidism, unclear primary versus secondary
Hypoglycemia and ketosis with anion gap acidosis
Nutritional deficiency with very limited dietary intake and low pre-albumin level
Hypercholesterolemia
Loss of milestones with bilateral lower extremity pain/weakness

Would like to tie all of these symptoms together with 1 unifying diagnosis however it is difficult to do at this time. Differential diagnosis includes metabolic, nutritional/dietary deficiency, infectious/inflammatory, endocrinologic.

Plan

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Report Request ID: 690868431

BDMC_KK 121818 000061 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**HISTORY AND PHYSICAL****Resp:**

- continue close respiratory monitoring
- Oxygen as needed to maintain saturations greater than 92%
- If pleural effusion worsens and exhibits signs and symptoms of respiratory insufficiency would need to consider chest tube placement in the future.
No indication at this time.

CV:

- continue close hemodynamic and telemetry monitoring
- Cardiology consult. Will begin with Lasix for diuresis. Will need further workup and evaluation to determine etiology of pulmonary hypertension primary versus secondary. Likely including imaging and catheterization in the future
- If hemodynamic instability will begin milrinone for inodilatory effect.

FEN/GI:

- strict I/Os and daily weights
- As described above we will begin Lasix. Goal for negative fluid balance.
- Regular diet as tolerated
- IV fluids with dextrose at 0.5 times maintenance.
- Continue to follow glucose closely and treat hypoglycemia with dextrose as needed. Will need to monitor for resolution of ketosis once hypoglycemia resolves.
- Nutrition consult with calorie count given significant dietary restrictions due to sensitivities and ongoing nutritional deficiency. At risk of refeeding syndrome when appropriate diet is reintroduced.
- Check vitamin B-1, B12, vitamin D and zinc levels
- Check serum amino acids, urine organic acids, lactate, ammonia for inborn errors of metabolism

Endo:

- Consult endocrinology given laboratory studies consistent with hypothyroidism. May need levothyroxine supplementation.

Heme/ID:

- monitor for fever or other signs of active infection
- Check CRP, ESR, PCT for signs of inflammatory process. Reportedly ESR was elevated in October when seen by PCH ED/neurology.
- Check viral PCR for intercurrent respiratory illness which could be exacerbating pulmonary hypertension
- Check stool for infectious etiologies

Neuro:

- continue close neuro monitoring
- Seizure precautions. Possible seizures at home could have been due to hypoglycemia or other electrolyte derangement
- Consult neurology for what appears to be loss of milestones and lower extremity weakness. May require further imaging of brain and/or spine.
- Consult PT/OT

Devices:

- PIV

Social: Parents are at the bedside and have been updated with plans of care and their questions have been answered

This patient requires critical care due to right heart failure with pulmonary hypertension and risk of hemodynamic instability requiring vasoactive support.

Critical care time 100 minutes

E and M: 99291, 9929 2 x 1

Document Name:

.History and Physical

Result Status:

Auth (Verified)

Signed By:

MIGA MD,DANIEL EDWARD (12/21/2018 11:07 MST)

Service Date/Time:

12/21/2018 11:03 MST

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Report Request ID: 690868431

BDMC_KK 121818 000062 cych

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

HISTORY AND PHYSICAL

Pre Procedure H & P Update

Patient: KAHRAMAN, KENAN TROY **MRN:** 1709723 **FIN:** 86693868
Age: 6 years **Sex:** Male **DOB:** 09/27/2012
Associated Diagnoses: None
Author: MIGA MD, DANIEL EDWARD

Reviewed overnight events and rounded with ICU service. Patient stable to proceed with cardiac catheterization.

Plan: Proceed with cardiac catheterization as scheduled. I reviewed the procedure with the family including the indications, risks/benefits and possible complications of the procedure. The family had ample opportunity to ask questions and were comfortable with the discussion. Formal consent was signed.

Please call with any questions or concerns (480-815-5397)

Daniel Miga, MD
Banner Specialist - Pediatric Cardiology

PAST MEDICAL HISTORY

Problem Name: Autism
Status: Active **Onset Date:** ; **Resolved Date:**

Problem Name: Malnutrition
Status: Resolved **Onset Date:** ; **Resolved Date:**

Problem Name: None
Status: Resolved **Onset Date:** ; **Resolved Date:**

Problem Name: Right ventricular dysfunction
Status: Resolved **Onset Date:** ; **Resolved Date:**

PROCEDURE HISTORY

Procedure: Insertion of Infusion Device into Superior Vena Cava,Percutaneous Approach

Status: Active

Procedure Date: 12/21/2018 00:00 MST

Provider: PETERS MD,ERIC MATTHEW

Last Updated: 5/11/2019

Procedure: Measurement of Cardiac Sampling and Pressure,Right Heart,Percutaneous Approach

Status: Active

Procedure Date: 12/21/2018 00:00 MST

Provider: TEW MD,SHANNON

Last Updated: 5/11/2019

Banner Health
 BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

FAMILY HISTORY

Grandmother (M): Alive

Condition		Age of Onset	Life Cycle	Severity
Heart failure..	Positive			

Grandmother (P): Alive

Condition		Age of Onset	Life Cycle	Severity
Heart attack..	Positive			

CLINICAL DIAGNOSES

Diagnosis: Suspected child abuse

Responsible Provider:

Diagnosis Date: 12/26/2018

Status: Active

Confirmation: Confirmed

Diagnosis: Failure to thrive (child)

Responsible Provider: PETERS MD,ERIC MATTHEW

Diagnosis Date: 12/21/2018

Status: Active

Confirmation: Confirmed

Diagnosis: Retarded development following protein-calorie malnutrition

Responsible Provider: PETERS MD,ERIC MATTHEW

Diagnosis Date: 12/21/2018

Status: Active

Confirmation: Confirmed

Diagnosis: Unspecified severe protein-calorie malnutrition

Responsible Provider: PETERS MD,ERIC MATTHEW

Diagnosis Date: 12/21/2018

Status: Active

Confirmation: Confirmed

Diagnosis: Acute right heart failure

Responsible Provider: MIGA MD,DANIEL EDWARD

Diagnosis Date: 12/18/2018

Status: Active

Confirmation: Confirmed

Diagnosis: Anasarca

Responsible Provider:

Diagnosis Date: 12/18/2018

Status: Active

Confirmation: Confirmed

Diagnosis: Ketotic hypoglycemia

Responsible Provider:

Diagnosis Date: 12/18/2018

Status: Active

Confirmation: Confirmed

L = Low H = High C = Critical

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Report Request ID: 690868431

BDMC_KK 121818 000065 cych

Banner Health
 BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

CLINICAL DIAGNOSES

Diagnosis: **Lethargy**

Responsible Provider:

Diagnosis Date: 12/18/2018

Status: Active

Confirmation: Complaint of

Diagnosis: **Low blood sugar**

Responsible Provider:

Diagnosis Date: 12/18/2018

Status: Active

Confirmation: Complaint of

Diagnosis: **Lower extremity weakness**

Responsible Provider: TIMOTHY MD,JEREMY SCOTT

Diagnosis Date: 12/19/2018

Status: Active

Confirmation: Confirmed

Diagnosis: **Pleural effusion**

Responsible Provider:

Diagnosis Date: 12/18/2018

Status: Active

Confirmation: Confirmed

Diagnosis: **Pulmonary hypertension**

Responsible Provider: MIGA MD,DANIEL EDWARD

Diagnosis Date: 12/18/2018

Status: Active

Confirmation: Confirmed

Diagnosis: **Right ventricular dysfunction**

Responsible Provider: MIGA MD,DANIEL EDWARD

Diagnosis Date: 12/18/2018

Status: Active

Confirmation: Confirmed

Diagnosis: **Abdominal distension (gaseous)**

Responsible Provider: Contributor_system,DG1

Diagnosis Date: 1/7/2019

Status: Active

Confirmation: Confirmed

Diagnosis: **Acidosis**

Responsible Provider: Contributor_system,DG1

Diagnosis Date: 1/7/2019

Status: Active

Confirmation: Confirmed

Diagnosis: **Acute right heart failure**

Responsible Provider: Contributor_system,DG1

Diagnosis Date: 1/7/2019

Status: Active

Confirmation: Confirmed

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Report Request ID: 690868431

BDMC_KK 121818 000066 cych

Banner Health
 BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

CLINICAL DIAGNOSES

Diagnosis: Autistic disorder

Responsible Provider: Contributor_system,DG1

Diagnosis Date: 1/7/2019

Confirmation: Confirmed

Status: Active

Diagnosis: Body mass index (BMI) pediatric,5th percentile to less than 85th percentile for age

Responsible Provider: Contributor_system,DG1

Diagnosis Date: 1/7/2019

Confirmation: Confirmed

Status: Active

Diagnosis: Chronic passive congestion of liver

Responsible Provider: Contributor_system,DG1

Diagnosis Date: 1/7/2019

Confirmation: Confirmed

Status: Active

Diagnosis: Contact with and (suspected) exposure to environmental tobacco smoke (acute) (chronic)

Responsible Provider: Contributor_system,DG1

Diagnosis Date: 1/7/2019

Confirmation: Confirmed

Status: Active

Diagnosis: Difficulty in walking,not elsewhere classified

Responsible Provider: Contributor_system,DG1

Diagnosis Date: 1/7/2019

Confirmation: Confirmed

Status: Active

Diagnosis: Exposure to other specified factors,initial encounter

Responsible Provider: Contributor_system,DG1

Diagnosis Date: 1/7/2019

Confirmation: Confirmed

Status: Active

Diagnosis: Failure to thrive (child)

Responsible Provider: Contributor_system,DG1

Diagnosis Date: 1/7/2019

Confirmation: Confirmed

Status: Active

Diagnosis: Hepatomegaly,not elsewhere classified

Responsible Provider: Contributor_system,DG1

Diagnosis Date: 1/7/2019

Confirmation: Confirmed

Status: Active

Diagnosis: Hypokalemia

Responsible Provider: Contributor_system,DG1

Diagnosis Date: 1/7/2019

Confirmation: Confirmed

Status: Active

Banner Health
 BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHARAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

CLINICAL DIAGNOSES

Diagnosis: Hypo-osmolality and hyponatremia

Responsible Provider: Contributor_system,DG1

Diagnosis Date: 1/7/2019

Status: Active

Confirmation: Confirmed

Diagnosis: Hypothyroidism,unspecified

Responsible Provider: Contributor_system,DG1

Diagnosis Date: 1/7/2019

Status: Active

Confirmation: Confirmed

Diagnosis: Metabolic syndrome

Responsible Provider: Contributor_system,DG1

Diagnosis Date: 1/7/2019

Status: Active

Confirmation: Confirmed

Diagnosis: Other ascites

Responsible Provider: Contributor_system,DG1

Diagnosis Date: 1/7/2019

Status: Active

Confirmation: Confirmed

Diagnosis: Other chronic pain

Responsible Provider: Contributor_system,DG1

Diagnosis Date: 1/7/2019

Status: Active

Confirmation: Confirmed

Diagnosis: Other disorders of lung

Responsible Provider: Contributor_system,DG1

Diagnosis Date: 1/7/2019

Status: Active

Confirmation: Confirmed

Diagnosis: Other hypoglycemia

Responsible Provider: Contributor_system,DG1

Diagnosis Date: 1/7/2019

Status: Active

Confirmation: Confirmed

Diagnosis: Pulmonary hypertension,unspecified

Responsible Provider: Contributor_system,DG1

Diagnosis Date: 1/7/2019

Status: Active

Confirmation: Confirmed

Diagnosis: Pure hypercholesterolemia,unspecified

Responsible Provider: Contributor_system,DG1

Diagnosis Date: 1/7/2019

Status: Active

Confirmation: Confirmed

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**CLINICAL DIAGNOSES****Diagnosis:** Rheumatic tricuspid insufficiency**Responsible Provider:** Contributor_system,DG1**Diagnosis Date:** 1/7/2019**Status:** Active**Confirmation:** Confirmed**Diagnosis:** Short stature (child)**Responsible Provider:** Contributor_system,DG1**Diagnosis Date:** 1/7/2019**Status:** Active**Confirmation:** Confirmed**Diagnosis:** Unspecified child maltreatment,suspected,initial encounter**Responsible Provider:** Contributor_system,DG1**Diagnosis Date:** 1/7/2019**Status:** Active**Confirmation:** Confirmed**Diagnosis:** Unspecified place in hospital as the place of occurrence of the external cause**Responsible Provider:** Contributor_system,DG1**Diagnosis Date:** 1/7/2019**Status:** Active**Confirmation:** Confirmed**Diagnosis:** Unspecified severe protein-calorie malnutrition**Responsible Provider:** Contributor_system,DG1**Diagnosis Date:** 1/7/2019**Status:** Active**Confirmation:** Confirmed**Diagnosis:** Vitamin deficiency,unspecified**Responsible Provider:** Contributor_system,DG1**Diagnosis Date:** 1/7/2019**Status:** Active**Confirmation:** Confirmed

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**ORDERS****Order Date/Time: 12/24/2018 12:13 MST****Order:** Probrain Natriuretic Peptide**Order Start Date/Time:** 12/25/2018 04:19 MST**Order Status:** Completed **Department Status:** Completed **Activity Type:** General Lab**End-state Date/Time:** 12/25/2018 05:41 MST **End-state Reason:****Ordering Physician:** STEWART MD,RYAN MICHAEL
(National Provider Identifier: 1659768240) **Consulting Physician:****Entered By:** STEWART MD,RYAN MICHAEL on 12/24/2018 12:13 MST**Order Details:** AM Routine, RT, 12/25/18 4:19:00 AM MST, Nurse Collect, Print Label, 12/25/18 5:41:00 AM MST**Order Comment:****Action Type:** Complete**Action Date/Time:** 12/25/2018 05:41 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/25/2018 05:07 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/25/2018 05:07 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/25/2018 01:34 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Order**Action Date/Time:** 12/24/2018 12:16 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Order Date/Time: 12/24/2018 12:16 MST****Order:** Uric Acid Serum**Order Start Date/Time:** 12/24/2018 13:00 MST**Order Status:** Canceled **Department Status:** Canceled **Activity Type:** General Lab**End-state Date/Time:** 12/24/2018 16:17 MST **End-state Reason:** Department Request**Ordering Physician:** STEWART MD,RYAN MICHAEL
(National Provider Identifier: 1659768240) **Consulting Physician:****Entered By:** STEWART MD,RYAN MICHAEL on 12/24/2018 12:16 MST**Order Details:** Routine, RT, 12/24/18 1:00:00 PM MST, Nurse Collect, Print Label, 12/24/18 4:17:47 PM MST**Order Comment:****Action Type:** Cancel**Action Date/Time:** 12/24/2018 16:17 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/24/2018 12:33 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Order**Action Date/Time:** 12/24/2018 12:16 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL

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Report Request ID: 690868431

BDMC_KK 121818 000179 cync

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**ORDERS****Order Date/Time:** 12/24/2018 12:23 MST**Order:** 99232 -NonHospitalist -Hospital Care Level 2 Subseq-CHARGE ONLY**Order Start Date/Time:** 12/24/2018 12:23 MST**Order Status:** Completed**Department Status:** Completed**Activity Type:** Evaluation and Management Specialists**End-state Date/Time:** 12/24/2018 12:23 MST**End-state Reason:****Ordering Physician:** STEWART MD,RYAN MICHAEL**Consulting Physician:**

(National Provider Identifier: 1659768240)

Entered By: STEWART MD,RYAN MICHAEL on 12/24/2018 12:23 MST

Order Details: 12/24/18 12:23:00 PM MST, Anasarca | Acute right heart failure | Right ventricular dysfunction | Failure to thrive (child) | Ketotic hypoglycemia | Pleural effusion | Retarded development following protein-calorie malnutrition | Unspecified severe protein-calorie malnutrition | Lower extremity weakness | Lethargy | Pulmonary hypertension

Order Comment:**Action Type:** Order**Action Date/Time:** 12/24/2018 12:23 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Order Date/Time:** 12/24/2018 13:24 MST**Order:** Follow up RD**Order Start Date/Time:** 12/25/2018 09:00 MST**Order Status:** Completed**Department Status:** Completed**Activity Type:** Nutrition Services Consults**End-state Date/Time:** 12/25/2018 14:01 MST**End-state Reason:****Ordering Physician:****Consulting Physician:****Entered By:** Dominguez RD,Ana on 12/24/2018 13:24 MST**Order Details:** 12/25/18 9:00:00 AM MST, TPN, 12/25/18 2:01:32 PM MST, 12/25/18 9:00:00 MST**Order Comment:****Action Type:** Complete**Action Date/Time:** 12/25/2018 14:01 MST**Electronically Signed By:****Action Type:** Order**Action Date/Time:** 12/24/2018 13:25 MST**Electronically Signed By:**

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Report Request ID: 690868431

BDMC_KK 121818 000180 cync

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**ORDERS****Order Date/Time:** 12/24/2018 16:03 MST**Order:** Prealbumin**Order Start Date/Time:** 12/25/2018 04:19 MST**Order Status:** Completed **Department Status:** Completed **Activity Type:** General Lab**End-state Date/Time:** 12/25/2018 05:41 MST **End-state Reason:****Ordering Physician:** STEWART MD,RYAN MICHAEL
(National Provider Identifier: 1659768240) **Consulting Physician:****Entered By:** STEWART MD,RYAN MICHAEL on 12/24/2018 16:03 MST**Order Details:** AM Routine, RT, 12/25/18 4:19:00 AM MST, Nurse Collect, Print Label, 12/25/18 5:41:19 AM MST**Order Comment:****Action Type:** Complete**Action Date/Time:** 12/25/2018 05:41 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/25/2018 05:07 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/25/2018 05:07 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/25/2018 01:34 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Order**Action Date/Time:** 12/24/2018 16:06 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Order Date/Time:** 12/24/2018 16:03 MST**Order:** Zinc Level**Order Start Date/Time:** 12/25/2018 04:19 MST**Order Status:** Completed **Department Status:** Completed **Activity Type:** General Lab**End-state Date/Time:** 12/26/2018 08:09 MST **End-state Reason:****Ordering Physician:** STEWART MD,RYAN MICHAEL
(National Provider Identifier: 1659768240) **Consulting Physician:****Entered By:** STEWART MD,RYAN MICHAEL on 12/24/2018 16:03 MST**Order Details:** Timed Study, RT, 12/25/18 4:19:00 AM MST, Nurse Collect, Print Label, 12/26/18 8:09:28 AM MST**Order Comment:****Action Type:** Complete**Action Date/Time:** 12/26/2018 08:09 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/25/2018 05:50 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/25/2018 05:49 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/25/2018 05:07 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/25/2018 01:34 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Order**Action Date/Time:** 12/24/2018 16:06 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL

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Report Request ID: 690868431

BDMC_KK 121818 000181 cycin

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**ORDERS****Order Date/Time:** 12/24/2018 16:03 MST**Order:** Ferritin Level**Order Start Date/Time:** 12/26/2018 03:45 MST**Order Status:** Completed **Department Status:** Completed **Activity Type:** General Lab**End-state Date/Time:** 12/26/2018 18:49 MST **End-state Reason:****Ordering Physician:** STEWART MD,RYAN MICHAEL **Consulting Physician:****(National Provider Identifier:** 1659768240)**Entered By:** STEWART MD,RYAN MICHAEL on 12/24/2018 16:03 MST**Order Details:** Timed Study, RT, 12/26/18 3:45:00 AM MST, Nurse Collect, Print Label, 12/26/18 6:49:38 PM MST**Order Comment:****Action Type:** Complete**Action Date/Time:** 12/26/2018 18:49 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/26/2018 06:24 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/26/2018 06:24 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/26/2018 04:22 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/25/2018 05:49 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/25/2018 05:07 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/25/2018 01:34 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Order**Action Date/Time:** 12/24/2018 16:06 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL

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Report Request ID: 690868431

BDMC_KK 121818 000182 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**ORDERS****Order Date/Time:** 12/24/2018 16:03 MST**Order:** Iron/Transferrin Panel**Order Start Date/Time:** 12/25/2018 04:19 MST**Order Status:** Completed **Department Status:** Completed **Activity Type:** General Lab**End-state Date/Time:** 12/25/2018 05:40 MST **End-state Reason:****Ordering Physician:** STEWART MD,RYAN MICHAEL
(National Provider Identifier: 1659768240) **Consulting Physician:****Entered By:** STEWART MD,RYAN MICHAEL on 12/24/2018 16:03 MST**Order Details:** Timed Study, RT, 12/25/18 4:19:00 AM MST, Nurse Collect, Print Label, 12/25/18 5:40:59 AM MST**Order Comment:****Action Type:** Complete**Action Date/Time:** 12/25/2018 05:40 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/25/2018 05:07 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/25/2018 05:07 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/25/2018 01:34 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Order**Action Date/Time:** 12/24/2018 16:06 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Order Date/Time:** 12/24/2018 16:03 MST**Order:** Reticulocyte Comprehensive (RETIC#,RETIC%,IRF,RET-He)**Order Start Date/Time:** 12/25/2018 04:19 MST**Order Status:** Completed **Department Status:** Completed **Activity Type:** General Lab**End-state Date/Time:** 12/25/2018 05:24 MST **End-state Reason:****Ordering Physician:** STEWART MD,RYAN MICHAEL
(National Provider Identifier: 1659768240) **Consulting Physician:****Entered By:** STEWART MD,RYAN MICHAEL on 12/24/2018 16:03 MST**Order Details:** Timed Study, RT, 12/25/18 4:19:00 AM MST, Nurse Collect, Print Label, 12/25/18 5:24:49 AM MST**Order Comment:****Action Type:** Complete**Action Date/Time:** 12/25/2018 05:24 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/25/2018 05:07 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/25/2018 05:07 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/25/2018 01:34 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Order**Action Date/Time:** 12/24/2018 16:06 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL

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Report Request ID: 690868431

BDMC_KK 121818 000183 cycin

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**ORDERS****Order Date/Time:** 12/24/2018 16:04 MST**Order:** Vitamin D 25-Hydroxy**Order Start Date/Time:** 12/26/2018 03:45 MST**Order Status:** Completed **Department Status:** Completed **Activity Type:** General Lab**End-state Date/Time:** 12/26/2018 13:30 MST **End-state Reason:****Ordering Physician:** STEWART MD,RYAN MICHAEL **Consulting Physician:**
(National Provider Identifier: 1659768240)**Entered By:** STEWART MD,RYAN MICHAEL on 12/24/2018 16:04 MST**Order Details:** Timed Study, RT, 12/26/18 3:45:00 AM MST, Nurse Collect, Print Label, 12/26/18 1:30:46 PM MST**Order Comment:****Action Type:** Complete**Action Date/Time:** 12/26/2018 13:30 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/26/2018 06:24 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/26/2018 06:24 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/26/2018 04:21 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/25/2018 01:34 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Order**Action Date/Time:** 12/24/2018 16:06 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Order Date/Time:** 12/24/2018 16:04 MST**Order:** Pancreatic Elastase-1**Order Start Date/Time:** 12/31/2018 18:30 MST**Order Status:** Completed **Department Status:** Completed **Activity Type:** General Lab**End-state Date/Time:** 1/4/2019 16:33 MST **End-state Reason:****Ordering Physician:** STEWART MD,RYAN MICHAEL **Consulting Physician:**
(National Provider Identifier: 1659768240)**Entered By:** STEWART MD,RYAN MICHAEL on 12/24/2018 16:04 MST**Order Details:** Feces, Routine, RT, 12/31/18 6:30:00 PM MST, Nurse Collect, Print Label, 1/4/19 4:33:32 PM MST**Order Comment:****Action Type:** Complete**Action Date/Time:** 1/4/2019 16:33 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/31/2018 18:54 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/31/2018 18:53 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/31/2018 18:45 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Order**Action Date/Time:** 12/24/2018 16:06 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL

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Report Request ID: 690868431

BDMC_KK 121818 000184 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**ORDERS****Order Date/Time:** 12/24/2018 16:14 MST**Order:** Laboratory Communication**Order Start Date/Time:** 12/24/2018 16:16 MST**Order Status:** Completed **Department Status:** Completed **Activity Type:** General Lab**End-state Date/Time:** 12/24/2018 16:18 MST**End-state Reason:****Ordering Physician:** STEWART MD,RYAN MICHAEL**Consulting Physician:**

(National Provider Identifier: 1659768240)

Entered By: Watson RN,Hailey M on 12/24/2018 16:14 MST**Order Details:** Requisition, Routine, RT, 12/24/18 4:16:00 PM MST, Other**Order Comment:** Please reschedule uric acid level for 0400. Thanks.**Action Type:** Complete**Action Date/Time:** 12/24/2018 16:18 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/24/2018 16:16 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/24/2018 16:16 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Order**Action Date/Time:** 12/24/2018 16:15 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Order Date/Time:** 12/24/2018 16:18 MST**Order:** Uric Acid Serum**Order Start Date/Time:** 12/25/2018 04:19 MST**Order Status:** Completed **Department Status:** Completed **Activity Type:** General Lab**End-state Date/Time:** 12/25/2018 05:40 MST**End-state Reason:****Ordering Physician:** STEWART MD,RYAN MICHAEL**Consulting Physician:**

(National Provider Identifier: 1659768240)

Entered By: Hart,Natasha on 12/24/2018 16:18 MST**Order Details:** TS, TS, 12/25/18 4:19:00 AM MST, Nurse Collect, azdmclaba04, 12/25/18 5:40:59 AM MST**Order Comment:****Action Type:** Complete**Action Date/Time:** 12/25/2018 05:40 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/25/2018 05:07 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/25/2018 05:07 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/25/2018 01:34 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Order**Action Date/Time:** 12/24/2018 16:18 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL

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Report Request ID: 690868431

BDMC_KK 121818 000185 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**ORDERS****Order Date/Time:** 12/25/2018 09:25 MST**Order:** 99254 -NonHospitalist -InPt Consult Level 4 -CHARGE ONLY**Order Start Date/Time:** 12/24/2018 09:25 MST**Order Status:** Completed**Department Status:** Completed**Activity Type:** Evaluation and Management Specialists**End-state Date/Time:** 12/24/2018 09:25 MST**End-state Reason:****Ordering Physician:** BANDLA MD,VINAY (National Provider Identifier: 1710134762)**Consulting Physician:****Entered By:** BANDLA MD,VINAY on 12/25/2018 09:25 MST**Order Details:** 12/24/18 9:25:00 AM MST, Failure to thrive (child) | Acute right heart failure**Order Comment:****Action Type:** Order**Action Date/Time:** 12/25/2018 09:25 MST**Electronically Signed By:** BANDLA MD,VINAY**Order Date/Time:** 12/25/2018 09:45 MST**Order:** 99233 Subsequent Hospital E/M approx 35 minutes**Order Start Date/Time:** 12/25/2018 09:45 MST**Order Status:** Completed**Department Status:** Completed**Activity Type:** Evaluation and Management**End-state Date/Time:** 12/25/2018 09:45 MST**End-state Reason:****Ordering Physician:** RAVI MD,PRASAD SOWBHAGYA (National Provider Identifier: 1730461120)**Consulting Physician:****Entered By:** RAVI MD,PRASAD SOWBHAGYA on 12/25/2018 09:45 MST**Order Details:** 12/25/18 9:45:00 AM MST, Pulmonary hypertension | Right ventricular dysfunction | Lower extremity weakness | Failure to thrive (child) | Anasarca | Acute right heart failure**Order Comment:****Action Type:** Order**Action Date/Time:** 12/25/2018 09:46 MST**Electronically Signed By:** RAVI MD,PRASAD SOWBHAGYA**Order Date/Time:** 12/25/2018 13:56 MST**Order:** 99232 -NonHospitalist -Hospital Care Level 2 Subseq-CHARGE ONLY**Order Start Date/Time:** 12/25/2018 13:56 MST**Order Status:** Completed**Department Status:** Completed**Activity Type:** Evaluation and Management Specialists**End-state Date/Time:** 12/25/2018 13:56 MST**End-state Reason:****Ordering Physician:** STEWART MD,RYAN MICHAEL (National Provider Identifier: 1659768240)**Consulting Physician:****Entered By:** STEWART MD,RYAN MICHAEL on 12/25/2018 13:56 MST**Order Details:** 12/25/18 1:56:00 PM MST, Acute right heart failure | Anasarca | Right ventricular dysfunction | Pulmonary hypertension | Failure to thrive (child) | Ketotic hypoglycemia | Lethargy | Low blood sugar | Lower extremity weakness | Pleural effusion | Retarded development following protein-calorie malnutrition | Unspecified severe protein-calorie malnutrition**Order Comment:****Action Type:** Order**Action Date/Time:** 12/25/2018 13:56 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL

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Report Request ID: 690868431

BDMC_KK 121818 000186 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**ORDERS****Order Date/Time:** 12/25/2018 14:00 MST**Order:** Follow up RD**Order Start Date/Time:** 12/26/2018 09:00 MST**Order Status:** Completed**Department Status:** Completed**Activity Type:** Nutrition Services
Consults**End-state Date/Time:** 12/26/2018 13:58 MST**End-state Reason:****Ordering Physician:****Consulting Physician:****Entered By:** Dominguez RD,Ana on 12/25/2018 14:00 MST**Order Details:** 12/26/18 9:00:00 AM MST, TPN, 12/26/18 1:58:18 PM MST, 12/26/18 9:00:00 MST**Order Comment:****Action Type:** Complete**Action Date/Time:** 12/26/2018 13:58 MST**Electronically Signed By:****Action Type:** Order**Action Date/Time:** 12/25/2018 14:01 MST**Electronically Signed By:****Order Date/Time:** 12/25/2018 18:53 MST**Order:** Occult Blood Stool**Order Start Date/Time:** 12/25/2018 18:58 MST**Order Status:** Completed**Department Status:** Completed**Activity Type:** General Lab**End-state Date/Time:** 12/25/2018 19:09 MST**End-state Reason:****Ordering Physician:** STEWART MD,RYAN MICHAEL**Consulting Physician:**

(National Provider Identifier: 1659768240)

Entered By: Isbell RN,Sara N on 12/25/2018 18:53 MST**Order Details:** Stool, Routine, RT, 12/25/18 6:58:00 PM MST, Nurse Collect, Print Label, 12/25/18 7:09:18 PM MST**Order Comment:****Action Type:** Complete**Action Date/Time:** 12/25/2018 19:09 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/25/2018 19:06 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Status Change**Action Date/Time:** 12/25/2018 19:06 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Action Type:** Order**Action Date/Time:** 12/25/2018 18:53 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL

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Report Request ID: 690868431

BDMC_KK 121818 000187 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**ORDERS****Order Date/Time:** 12/26/2018 15:22 MST**Order:** 99232 -NonHospitalist -Hospital Care Level 2 Subseq-CHARGE ONLY**Order Start Date/Time:** 12/26/2018 15:22 MST**Order Status:** Completed**Department Status:** Completed**Activity Type:** Evaluation and Management Specialists**End-state Date/Time:** 12/26/2018 15:22 MST**End-state Reason:****Ordering Physician:** STEWART MD,RYAN MICHAEL**Consulting Physician:****(National Provider Identifier:** 1659768240)**Entered By:** STEWART MD,RYAN MICHAEL on 12/26/2018 15:22 MST

Order Details: 12/26/18 3:22:00 PM MST, Acute right heart failure | Anasarca | Failure to thrive (child) | Ketotic hypoglycemia | Lethargy | Pleural effusion | Retarded development following protein-calorie malnutrition | Unspecified severe protein-calorie malnutrition | Suspected child abuse

Order Comment:**Action Type:** Order**Action Date/Time:** 12/26/2018 15:24 MST**Electronically Signed By:** STEWART MD,RYAN MICHAEL**Order Date/Time:** 12/26/2018 22:11 MST**Order:** Follow up Notification**Order Start Date/Time:** 12/26/2018 22:11 MST**Order Status:** Completed**Department Status:** Completed**Activity Type:** Patient Care**End-state Date/Time:** 12/27/2018 05:58 MST**End-state Reason:****Ordering Physician:** SYSTEM**Consulting Physician:****Entered By:** SYSTEM on 12/26/2018 22:11 MST**Order Details:** 12/26/18 10:11:44 PM MST**Order Comment:** Reason - Plan of care |Who contacted - OLSEN DO, BRYCE DAVID |**Action Type:** Complete**Action Date/Time:** 12/27/2018 05:58 MST**Electronically Signed By:** SYSTEM**Action Type:** Order**Action Date/Time:** 12/26/2018 22:11 MST**Electronically Signed By:** SYSTEM**Order Date/Time:** 12/26/2018 22:20 MST**Order:** Dextrose 10% with 0.9% NaCl 1,000 mL**Order Start Date/Time:** 12/26/2018 22:20 MST**Order Status:** Discontinued**Department Status:** Discontinued**Activity Type:** Pharmacy**End-state Date/Time:** 12/28/2018 16:59 MST**End-state Reason:****Ordering Physician:** OLSEN DO,BRYCE DAVID (National**Consulting Physician:****Provider Identifier:** 1487034682)**Entered By:** OLSEN DO,BRYCE DAVID on 12/26/2018 22:20 MST**Order Details:** IV Cont Infusion, Order Rate: 54 mL/hr, Order Weight: 17.98 kg, Start Date: 12/26/18 10:20:00 PM MST**Order Comment:****Action Type:** Discontinue**Action Date/Time:** 12/28/2018 16:59 MST**Electronically Signed By:** OLSEN DO,BRYCE DAVID**Action Type:** Order**Action Date/Time:** 12/26/2018 22:21 MST**Electronically Signed By:** OLSEN DO,BRYCE DAVID

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Report Request ID: 690868431

BDMC_KK 121818 000191 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**PHYSICIAN PROGRESS NOTES**

- Evaluate for portal hypertension and GI input.
- Continue ethacrynic acid daily.
- Convert to 0.5 L nasal cannula as tolerated. Will be discharged home on home oxygen for long-term pulmonary vasodilatory therapy.
- Continue sildenafil to 20 mg TID
- Continue TPN @ 25 cc/hr to replace micronutrients, minerals, electrolytes and increase carbohydrate intake.
- Need to develop balanced diet based on family's restrictions.
- Follow-up laboratory data.
- Schedule chest CT this week.
- ECHO toda.
- Rounded with Peds hospitalist, GI attending and nutrition.

Time spent: 35 minutes in which greater than 50% of time was spent in counseling and/or coordination of care.

Document Name:**Result Status:****Signed By:****Service Date/Time:****Physician Progress Notes****Auth (Verified)****STEWART MD,RYAN MICHAEL (12/24/2018 12:23 MST)****12/24/2018 12:16 MST****Patient Information**

Name: KAHRAMAN, KENAN TROY Age: 6
Years DOB: 09/27/2012 Sex: Male

Chief Complaint

Pt. with increased lethargy, swelling to face and hands interm per mom. pt. not wanting to walk. mom states pt. with decreased urine output and decreased BM per his normal. No immunizations per mom

Subjective

6 yo twin male with autism, multiple reported food "sensitivities" with severely restricted diet, who presented on 12/18 with 2 mo inability to walk, 3 weeks of chest pain, facial swelling and periodic abdominal pain, and 2 weeks of increasing lethargy. Pt was taken to the ED at CCMC, where echo showed right heart failure and pulmonary hypertension. He was admitted to the PICU and started on therapy with milrinone and diuretics. On 12/21 he underwent cardiac cath by Dr. Miga which confirmed pulmonary hypertension, responsive to oxygen and iNO. SCAN team consulted for concerns for neglect and been following him. Also Nutrition consulted and he was started on TPN. He continues to refuse NC and has been getting ventimask for his O2. He was also found to have hypothyroidism and started on synthroid. The parents according to the bedside nurse have been giving him only meat balls.

Patient did better with PO intake overnight, but mom still limiting his intake significantly. She states his appetite has increased. She let him have some rutabaga (1-2 tsp) last night. Cardiology and GI were presenting during rounds today. Echocardiogram is improving from previous.

Medications**Inpatient**

acetaMINOPHEN 160 mg/5mL Syr Oral Liq (Peds), 270 mg= 8.44 mL, 15 mg/kg, Oral, Q6H, PRN
acetaMINOPHEN 325 mg rectal suppository (Ped/NICU), 325 mg= 1 supp, Rectal, Q6H, PRN
EMLA topical cream (Peds), 1 app, Topical, PRN, PRN
ethacrynic acid, 12.5 mg= 0.5 tab, Oral, Daily
heparin lock flush, 200 units= 2 mL, IV Push, On Call, PRN
J Tip - Buffered Lidocaine 1%, 2 mg= 0.2 mL, SubCutaneous, On Call
levothyroxine, 37.5 mcg= 0.5 tab, Oral, Daily
lidocaine topical 2% jelly (Uroject) (Peds), 20 mg/mL, Topical, Once, PRN
lidocaine topical cream (LMX-4) (Peds), 1 app, Topical, PRN, PRN
Parenteral Nutrition Pediatric 250 mL, 250 mL, IV Cont Infusion
Sildenafil (Peds), 20 mg= 1 tab, Oral, Q8H
Sodium Chloride 0.9% 250 mL, 250 mL, IV Cont Infusion
Sodium Chloride 0.9% 250 mL, 250 mL, IV Cont Infusion
Home
No active home medications

Oxygen Settings

2L O2 via NC for pulmonary hypertension

Allergies

Glutens (GI issues)
Milk Products (GI Symptoms)
Soy (GI issues)
sulfa drugs
salicylates

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Report Request ID: 690868431

BDMC_KK 121818 000996 cync

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T

DOB: 9/27/2012 **Sex:** Male

Age: 9 years

MR#: 1709723

Patient Location: 05 PONC; P713; 01

Attending Physician: BUTTRAM MD,SANDRA DW

PHYSICIAN PROGRESS NOTES

Review of Systems

No fever, cough, chills
Having some diffuse pruritus, no rash
No vomiting or diarrhea
Still uncomfortable with keeping the NC in place

Vitals & Measurements

T: 36.5 °C **TMIN:** 36.1 °C **TMAX:** 36.6 °C **HR:** 96
RR: 19 **BP:** 97/66 **SpO2:** 100% **WT:** 17.7 kg

Other Vitals

-SpO2 details-
Oxygen Flow Rate: 2 L/min

Physical Exam

General: Alert and well appearing, well nourished, no acute distress.
Eye: PERRL, EOMI, normal conjunctiva.
HENT: Normocephalic, moist oral mucosa, no scleral icterus
Neck: Supple, non-tender, no lymphadenopathy.
Lungs: Clear to auscultation, non-labored respiration.
Heart: Normal rate, regular rhythm, no murmur, gallop or edema. Cap refill < 3 sec
Abdomen: Soft, non-tender, non-distended, normal bowel sounds, no masses.
Musculoskeletal: Normal range of motion and strength, no tenderness or swelling.
Skin: Skin is warm, dry and pink, no rashes or lesions.
Neurologic: Awake, alert, and appropriate, CN II-XII intact.
Moving all extremities spontaneously

Intake and Output

I / O TOTAL LAST 24HRS

INTAKE: 180 mL
OUTPUT: 1450 mL
TOTAL I/O: -1270 mL

Assessment/Plan

6 yo twin male with "autism", multiple reported food "sensitivities" with severely restricted diet, who presented on 12/18 with 2 mo inability to walk, 3 weeks of chest pain, facial swelling and periodic abdominal pain, and 2 weeks of increasing lethargy. Pt was taken to the ED at CCMC, where echo showed right heart failure and pulmonary hypertension. He was admitted to the PICU and started on therapy with milrinone and diuretics. On 12/21 he underwent cardiac cath by Dr. Miga which confirmed pulmonary hypertension, responsive to oxygen and iNO. SCAN team consulted for concerns for neglect and been following him. Also Nutrition consulted and he was started on TPN. He continues to refuse NC and has been getting ventimask for his O2. He was also found to have hypothyroidism and started on synthroid. The

Imaging Results (Last 24 Hours)

Imaging Results

CRD PEDS Echo 2D W/WO/ M Mode (Limited) - Completed
-- 12/24/18 8:00:00 MST, Routine, Pulmonary
hypertension, Portable

Lab Results (Last 24 Hours)

Last 24 Hours

Alb/Glob Ratio: 1.5 (12/24/18)	Albumin: 3.5 g/dL (12/24/18)	Alkaline Phos: 64 U/L (12/24/18)
ALT: 33 U/L (12/24/18)	Anion Gap: 9 (12/24/18)	AST: 24 U/L (12/24/18)
Bilirubin Total: 0.4 mg/dL (12/24/18)	BUN: 38.2 mg/dL (12/24/18)	BUN/Creat Ratio: 80 (12/24/18)
Calcium: 8.9 mg/dL (12/24/18)	Chloride: 99 mmol/L (12/24/18)	CO2: 27 mmol/L (12/24/18)
Creatinine: 0.48 mg/dL (12/24/18)	eGFR (African Descent): See Comment mL/min/1.73 m2 (12/24/18)	eGFR (non-African Descent): See Comment mL/min/1.73 m2 (12/24/18)
Glucose Level: 74 mg/dL (12/24/18)	Phosphorus: 5.1 mg/dL (12/24/18)	Potassium: 5.4 mmol/L (12/24/18)
Protein, Total: 5.9 g/dL (12/24/18)	Sodium: 135 mmol/L (12/24/18)	Thiamine (B1): <7 nmol/L (12/24/18)
Triglycerides: 185 mg/dL (12/24/18)		

Code Status

Code Status - Ordered

-- 12/18/18 19:29:00 MST, Code Status Full Resuscitation

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote

Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 000997 cync

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**PHYSICIAN PROGRESS NOTES**

parents according to the bedside nurse have been giving him only meat balls. Have a strong suspicion for medical neglect or medical child abuse.

Neuro:

- Close monitoring of neurological status
- Appreciate neurology consult (Dr. Timothy)
- Will need thoracic and lumbar spine with and without contrast as well and as EMG with anesthesia
- Continue PT/OT for mobility and strength

Endo:

- Appreciate endocrinology phone consult for hypothyroidism
- Levothyroxine to treat hypothyroidism

Resp:

- Close respiratory monitoring
- Transition to oxygen therapy 2 L/min via nasal cannula. alternate between ventimask and NC and slowly increase the time to desensitize him for NC
- He will need to go home on oxygen therapy due to his pulmonary hypertension
- Will need high-resolution chest CT without contrast prior to discharge to evaluate pulmonary parenchyma
- appreciate Pulmonology consult

CV:

- Close monitoring of vital signs closely
- Appreciate cardiology consult
- Continue sildenafil 20 mg p.o. 3 times daily for pulmonary hypertension, ethacrynic acid for systolic/diastolic congestive heart failure
- Echo on 12/24 shows improvement from prior
- BNP and Uric acid per Cardiology recs

FEN/GI:

- Diet: As tolerated
- Appreciate nutrition consult
- Continue calorie count to determine current intake, goal is 1500 kcal/day with adequate weight gain
- Adjust TPN to NOC x12 hours for carbohydrate and micronutrients.
- Patient will be at risk for refeeding syndrome and will require electrolyte monitoring
- Appreciate GI consult to evaluate mom's concerns over food intolerance/sensitivities

ID:

- Monitor for fever or other signs of active infection
- Stool studies negative

L = Low H = High C = Critical

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c = Corrected

f = Footnote

Printed: 2/24/2022 17:21 MST

Page 998 of 1,592

Report Request ID: 690868431

BDMC_KK 121818 000998 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T

DOB: 9/27/2012 **Sex:** Male

Age: 9 years

MR#: 1709723

Patient Location: 05 PONC; P713; 01

Attending Physician: BUTTRAM MD,SANDRA DW

PHYSICIAN PROGRESS NOTES

- HIV test requested

Social:

Appreciate social work consult

-Appreciate SCAN team consult for concerns for neglect

-DCS case open

-Patient will require outpatient follow-up PCH genetics

-Twin brother requires assessment and was brought in to ED for evaluation

Diet:

Regular diet

Lines:

PICC

Coded Diagnoses

Acute right heart failure (Acute right heart failure, I50.811)

Failure to thrive (child) (Failure to thrive (child), R62.51)

Anasarca (Generalized edema, R60.1)

Right ventricular dysfunction (Heart disease, unspecified, I51.9)

Ketotic hypoglycemia (Other hypoglycemia, E16.1)

Lower extremity weakness (Other symptoms and signs involving the musculoskeletal system, R29.898)

Pleural effusion (Pleural effusion, not elsewhere classified, J90)

Pulmonary hypertension (Pulmonary hypertension, unspecified, I27.20)

Retarded development following protein-calorie malnutrition (Retarded development following protein-calorie malnutrition, E45)

Unspecified severe protein-calorie malnutrition

(Unspecified severe protein-calorie malnutrition, E43)

Document Name:

.Physician Progress Notes

Result Status:

Auth (Verified)

Signed By:

STEWART MD,RYAN MICHAEL (12/25/2018 13:56 MST)

Service Date/Time:

12/25/2018 13:43 MST

Patient Information

Name: KAHRAMAN, KENAN TROY Age: 6
Years DOB: 09/27/2012 Sex: Male

Chief Complaint

Pt. with increased lethargy, swelling to face and hands interm per mom. pt. not wanting to walk. mom states pt. with decreased urine output and decreased BM per his normal. No immunizations per mom

Medications

Inpatient

acetaMINOPHEN 160 mg/5mL Syr Oral Liq (Peds), 270 mg= 8.44 mL, 15 mg/kg, Oral, Q6H, PRN

acetaMINOPHEN 325 mg rectal suppository (Ped/NICU), 325 mg= 1 supp, Rectal, Q6H, PRN

EMLA topical cream (Peds), 1 app, Topical, PRN, PRN

ethacrynic acid, 12.5 mg= 0.5 tab, Oral, Daily

heparin lock flush, 200 units= 2 mL, IV Push, On Call, PRN

L = Low H = High C = Critical

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c = Corrected

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Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 000999 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHARAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**PHYSICIAN PROGRESS NOTES****Subjective**

Patient afebrile and vitals stable overnight. Mom states patient has been having increased abdominal bloating, irritability, and has been complaining of his back and stomach hurting. The patient has not had any vomiting, diarrhea, blood in stools, irritability, or abnormal behavior. He has had increased appetite and mom continues to limit his intake.

Review of Systems

No vomiting, diarrhea, fever, chest pain
Mom states patient has back pain, stomach pain

Vitals & Measurements

T: 36.7 °C **TMIN:** 36.5 °C **TMAX:** 36.9 °C **HR:** 107
RR: 19 **BP:** 116/89 **SpO2:** 100% **WT:** 17.02 kg

Other Vitals

-SpO2 details-
Oxygen Flow Rate: 2 L/min

Physical Exam

General: Alert and well appearing, well nourished, no acute distress.
Eye: PERRL, EOMI, normal conjunctiva.
HENT: Normocephalic, moist oral mucosa, no scleral icterus
Neck: Supple, non-tender, no lymphadenopathy.
Lungs: Clear to auscultation, non-labored respiration.
Heart: Normal rate, regular rhythm, no murmur, gallop or edema. Cap refill < 3 sec
Abdomen: Soft, non-tender, mildly distended, normal bowel sounds, no masses.
Musculoskeletal: Normal range of motion and strength, no tenderness or swelling.
Skin: Skin is warm, dry and pink, no rashes or lesions.
Neurologic: Awake, alert, and appropriate, CN II-XII intact.
Moving all extremities spontaneously

Intake and Output**I / O TOTAL LAST 24HRS**

INTAKE: 330 mL
OUTPUT: 1300 mL
TOTAL I/O: -970 mL

Assessment/Plan

6 yo twin male with "autism", multiple reported food "sensitivities" with severely restricted diet, who presented on 12/18 with 2 mo inability to walk, 3 weeks of chest pain, facial swelling and periodic abdominal pain, and 2 weeks of increasing lethargy. Pt was taken to the ED at CCMC, where echo showed right heart failure and pulmonary hypertension. He was admitted to the PICU and started on therapy with milrinone and diuretics. On 12/21 he underwent cardiac cath by Dr. Miga which

J Tip - Buffered Lidocaine 1%, 2 mg= 0.2 mL,

SubCutaneous, On Call

levothyroxine, 37.5 mcg= 0.5 tab, Oral, Daily

lidocaine topical 2% jelly (Uroject) (Peds), 20 mg/mL,
Topical, Once, PRN

lidocaine topical cream (LMX-4) (Peds), 1 app, Topical,
PRN, PRN

Parenteral Nutrition Pediatric 250 mL, 250 mL, IV Cont
Infusion

Sildenafil (Peds), 20 mg= 1 tab, Oral, Q8H

Sodium Chloride 0.9% 250 mL, 250 mL, IV Cont Infusion

Sodium Chloride 0.9% 250 mL, 250 mL, IV Cont Infusion
Home

No active home medications

Oxygen Settings

2L NC O2

Allergies

Glutens (GI issues)

Milk Products (GI Symptoms)

Soy (GI issues)

sulfa drugs

salicylates

Imaging Results (Last 24 Hours)**Imaging Results**

No qualifying data available.

Lab Results (Last 24 Hours)**Last 24 Hours**

Alb/Glob Ratio: 1.4 (12/25/18)	Albumin: 3.4 g/dL (12/25/18)	Alkaline Phos: 64 U/L (12/25/18)
ALT: 40 U/L (12/25/18)	Anion Gap: 8 (12/25/18)	AST: 32 U/L (12/25/18)
Bilirubin Total: 0.4 mg/dL (12/25/18)	BUN: 37.4 mg/dL (12/25/18)	BUN/Creat Ratio: 110 (12/25/18)
Calcium: 8.9 mg/dL (12/25/18)	Carnitine, Esters: 17 umol/L (12/24/18)	Carnitine, Free: 29 umol/L (12/24/18)
Carnitine, Total: 46 umol/L (12/24/18)	Chloride: 101 mmol/L (12/25/18)	CO2: 27 mmol/L (12/25/18)
Creatinine: 0.34 mg/dL (12/25/18)	eGFR (African Descent): See Comment mL/min/1.73 m2 (12/25/18)	eGFR (non-African Descent): See Comment mL/min/1.73 m2 (12/25/18)
Esterified/Free Ratio: 0.57 (12/24/18)	Glucose Level: 76 mg/dL (12/25/18)	Immature Retic Fraction (IRF): 15.6 % (12/25/18)
Iron: 56 ug/dL (12/25/18)	NT-proBNP: 1148 pg/mL (12/25/18)	Phosphorus: 5.4 mg/dL (12/25/18)

L = Low H = High C = Critical * = Abnormal

^ = Interpretive Data

c = Corrected

f = Footnote

Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHARAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**PHYSICIAN PROGRESS NOTES**

confirmed pulmonary hypertension, responsive to oxygen and iNO. SCAN team consulted for concerns for neglect and been following him. Also Nutrition consulted and he was started on TPN. He continues to refuse NC and has been getting ventimask for his O2. He was also found to have hypothyroidism and started on synthroid. The parents according to the bedside nurse have been giving him only meat balls. Have a strong suspicion for medical neglect or medical child abuse. Patient's appetite has increased, and mom is wanting to stop the levothyroxine to avoid having to feed him so much. Mom also still convinced the pulmonary hypertension is due to patient's exposure to white board markers. The patient would likely take adequate PO intake for his nutritional needs if mom would stop limiting his intake. Also suspect feeding "intolerance" symptoms are fictitious as they are based solely on mom's reports and not supported by nurse observations.

Potassium: 4.1 mmol/L (12/25/18)	Prealbumin: Prealbumin (12/25/18)	Protein, Total: 5.9 g/dL (12/25/18)
Retic #: 136 K/uL (12/25/18)	Retic %: 4.1 % (12/25/18)	Retic Hgb Equivalent [RET-He]: 36.1 pg (12/25/18)
Sodium: 136 mmol/L (12/25/18)	Trans % Sat: 22.5 % (12/25/18)	Transferrin: 196.0 mg/dL (12/25/18)
Uric Acid: 5.7 mg/dL (12/25/18)		

Code Status

Code Status - Ordered

-- 12/18/18 19:29:00 MST, Code Status Full Resuscitation

Neuro:

- Close monitoring of neurological status
- Appreciate neurology consult (Dr. Timothy)
- Will need thoracic and lumbar spine with and without contrast as well and as EMG with anesthesia
- Continue PT/OT for mobility and strength

Endo:

- Appreciate endocrinology phone consult for hypothyroidism
- Levothyroxine to treat hypothyroidism

Resp:

- Close respiratory monitoring
- Continue oxygen therapy 2 L/min via nasal cannula
- He will need to go home on oxygen therapy due to his pulmonary hypertension
- Will need high-resolution chest CT without contrast prior to discharge to evaluate pulmonary parenchyma
- appreciate Pulmonology consult

CV:

- Close monitoring of vital signs closely
- Appreciate cardiology consult
- Continue sildenafil 20 mg p.o. 3 times daily for pulmonary hypertension, ethacrynic acid for systolic/diastolic congestive heart failure
- Echo on 12/24 shows improvement from prior
- Mom refused HIV screening

FEN/GI:

- Diet: As tolerated
- Appreciate nutrition consult

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote
Printed: 2/24/2022 17:21 MST Page 1,001 of 1,592 **Report Request ID:** 690868431

BDMC_KK 121818 001001 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T

DOB: 9/27/2012 **Sex:** Male

Age: 9 years

MR#: 1709723

Patient Location: 05 PONC; P713; 01

Attending Physician: BUTTRAM MD,SANDRA DW

PHYSICIAN PROGRESS NOTES

- Continue calorie count to determine current intake, goal is 1500 kcal/day with adequate weight gain
- Continue TPN to NOC x12 hours for carbohydrate and micronutrients.
- Goal to stop TPN once patient taking adequate PO, which appears solely due to mom withholding food
- Patient will be at risk for refeeding syndrome and will require electrolyte monitoring
- Appreciate GI consult to evaluate mom's concerns over food intolerance/sensitivities

ID:

- Monitor for fever or other signs of active infection
- Stool studies negative
- HIV test requested

Social:

- Appreciate social work consult
- Appreciate SCAN team consult for concerns for neglect
- DCS case open
- Patient will require outpatient follow-up PCH genetics
- Twin brother requires assessment and was brought in to ED for evaluation

Lines:

PICC double lumen

Coded Diagnoses

Acute right heart failure (Acute right heart failure, I50.811)
 Failure to thrive (child) (Failure to thrive (child), R62.51)
 Anasarca (Generalized edema, R60.1)
 Right ventricular dysfunction (Heart disease, unspecified, I51.9)
 Ketotic hypoglycemia (Other hypoglycemia, E16.1)
 Lower extremity weakness (Other symptoms and signs involving the musculoskeletal system, R29.898)
 Pleural effusion (Pleural effusion, not elsewhere classified, J90)
 Pulmonary hypertension (Pulmonary hypertension, unspecified, I27.20)
 Retarded development following protein-calorie malnutrition (Retarded development following protein-calorie malnutrition, E45)
 Unspecified severe protein-calorie malnutrition (Unspecified severe protein-calorie malnutrition, E43)

L = Low H = High C = Critical

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Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001002 cync

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

PHYSICIAN PROGRESS NOTES

Document Name: .Physician Progress Notes
 Result Status: Auth (Verified)
 Signed By: RAVI MD,PRASAD SOWBHAGYA (12/26/2018 11:51 MST)
 Service Date/Time: 12/26/2018 11:40 MST

Pediatric Cardiology Progress Note*

Patient: **KAHRAMAN, KENAN TROY** MRN: 1709723 FIN: 86693868
 Age: **6 years** Sex: **Male** DOB: **09/27/2012**
 Associated Diagnoses: **None**
 Author: **RAVI MD, PRASAD SOWBHAGYA**

General Information

Kenan is the 6 year old male with a previous history of a unspecified metabolic condition (no formal testing or diagnosis), chronic GI issues and chemical sensitivity presenting with progressive weakness, lethargy and edema. Diagnosed with severe pulmonary hypertension with secondary right ventricular dysfunction and acute right heart failure. Etiology for pulmonary hypertension unclear and requires extensive evaluation. Patient also with significant additional medical issues unrelated to the underlying pulmonary hypertension.

- Pulmonary hypertension, severe
- Right ventricular dysfunction
- Right heart failure, acute systolic and diastolic
- Possible chronic metabolic syndrome
- Chronic GI issues
- Malnutrition

Subjective

Overnight remained stable. Tolerating nasal cannula oxygen at 2 LPM. The nasal cannula prongs are near the nostrils, not clear how much flow he is actually getting. Continues on sildenafil, ethacrynic acid from cardiac standpoint. On cycling TPN and PO feeding as per family and nutrition input. Has lost 1.4 kg since 12/23.

Histories

Past Medical History

Resolved

None (387958016): Resolved.

Autism (440F4091-C263-460A-8F78-6DF2032D0558): Resolved..

Procedure history

None (387958016)..

Objective

Allergies:

- salicylates (Since:04/09/2015)
- sulfa drugs (Since:)
- Glutens (Since:,)
- Soy (Since:,)
- Milk Products (Since:,)

Medications: Medications

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**PHYSICIAN PROGRESS NOTES****ACTIVE MEDS**

Parenteral Nutrition Pediatric 250 mL CYCLED IV Cont Infusion Stop: 12/26/18 20:59:00 MST

Sodium Chloride 0.9% 250 mL 2 mL/hr IV Cont Infusion

Sodium Chloride 0.9% 250 mL 2 mL/hr IV Cont Infusion

ethacrynic acid 12.5 mg 0.5 tab Oral Daily

levothyroxine 37.5 mcg 0.5 tab Oral Daily

lidocaine (J Tip - Buffered Lidocaine 1%) 2 mg 0.2 mL SubCutaneous On Call

sildenafil (SILdenafil (Peds)) 20 mg 1 tab Oral Q8H

acetaminophen (acetaMINOPHEN 160 mg/5mL Syr Oral Liq (Peds)) 270 mg 8.44 mL Oral Q6H PRN: Pain - Mild

acetaminophen (acetaMINOPHEN 325 mg rectal suppository (Ped/NICU)) 325 mg 1 supp Rectal Q6H PRN: Pain - Mild

heparin flush (heparin lock flush) 200 units 2 mL IV Push On Call PRN: Other (see comment)

lidocaine topical (lidocaine topical 2% jelly (Uroject) (Peds)) 20 mg/mL Topical Once PRN: Other (see comment)

lidocaine topical (lidocaine topical cream (LMX-4) (Peds)) 1 app Topical PRN: Other (see comment)

lidocaine-prilocaine topical (EMLA topical cream (Peds)) 1 app Topical PRN: Other (see comment) .

Vital Signs: Last vitals**VITALS**

Temp C - 36.5 DegC 12/26/2018 07:34

Temp F - 97.7 Deg F 12/26/2018 07:34

Heart Rate - 68 bpm 12/26/2018 07:34

Respirations - Unlabored 12/26/2018 04:29

Systolic Blood Pressure - 109 mmHg 12/26/2018 07:34

Diastolic Blood Pressure - 60 mmHg 12/26/2018 07:34

Mean Arterial Pressure - 70 mmHg 12/26/2018 07:34

SpO2 - 100 % 12/26/2018 07:34

Oxygen Therapy - Nasal cannula 12/26/2018 07:34

Oxygen Flow Rate - 2 L/min 12/26/2018 07:34

Weight - 16.820 kg 12/26/2018 10:27

MAX TEMP 24HRS

Temp C - 36.8 DegC 12/26/2018 00:05 .

Intake and Output: Total Intake and Output**I/O - Today****I/O - Yesterday**

INPUT: 1015.00 mL

OUTPUT: 750.00 mL

TOTAL I/O: 265.00 mL

I/O - Admission

INPUT: 6443.76

OUTPUT: 8465.00

TOTAL I/O: -2021.24 .

Physical Examination**Constitutional:** Appears quite, comfortable, no clubbing, no pallor, no cyanosis, no significant distress.**Psychiatric:** Orientation: oriented to time, place, and person.**Eyes:** Lids & Conjunctivae: non-injected, anicteric, no discharge.**ENMT:**

Ears: No lesions on external ear. Nose: no lesions on external nose, nares patent.

Oropharynx: no cyanosis, no pallor.

Neck: supple, trachea midline, no obvious masses.

Respiratory System:

L = Low H = High C = Critical

* = Abnormal

^ = Interpretive Data

c = Corrected

f = Footnote

Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001004 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**PHYSICIAN PROGRESS NOTES**

Inspection and palpation: normal curvature, no obvious thoracic cage deformity, no chest wall tenderness.
Respiratory effort: unlabored, no subcostal or intercostal retractions. Good chest rise with breaths.
Auscultation: Good air entry bilateral. Clear bilateral lungs, no wheezing, no crepitations.

Cardiovascular System:

Inspection: No precordial bulge.
Palpation: Normoactive precordium. Apex beat felt at the 5th intercostal space at midclavicular line, No thrills.
Auscultation: Rate and Rhythm: regular. Normal S1, physiologically split S2, No murmurs heard. No rub, no gallop, no click.
Extremities: no clubbing or cyanosis, no edema.
Peripheral pulses: Brachial pulse: normal. Femoral pulse: normal.

Abdomen:

Inspection and palpation: Soft, non-distended, non tender. liver edge felt 3cm below RCM.
Percussion: Normal resonance.
Auscultation: Normal bowel sounds.

Musculoskeletal:

Inspection: no joint swelling.

Neurologic:

Grossly intact with no obvious deficits. Normal tone and strength.

Skin: Dry skin over the upper abdomen, warm, well perfused, normal turgor. No concerning rash.

Assessment**Diagnosis**

Acute right heart failure (Acute right heart failure, I50.811)
Failure to thrive (child) (Failure to thrive (child), R62.51)
Anasarca (Generalized edema, R60.1)
Right ventricular dysfunction (Heart disease, unspecified, I51.9)
Ketotic hypoglycemia (Other hypoglycemia, E16.1)
Lower extremity weakness (Other symptoms and signs involving the musculoskeletal system, R29.898)
Pleural effusion (Pleural effusion, not elsewhere classified, J90)
Pulmonary hypertension (Pulmonary hypertension, unspecified, I27.20)
Retarded development following protein-calorie malnutrition (Retarded development following protein-calorie malnutrition, E45)
Unspecified severe protein-calorie malnutrition (Unspecified severe protein-calorie malnutrition, E43).

Plan

In summary, Kenan is the 6 year old male with a previous history of a unspecified metabolic condition (no formal testing or diagnosis), chronic GI issues and chemical sensitivity presenting with progressive weakness, lethargy and edema. Diagnosed with severe pulmonary hypertension with secondary right ventricular dysfunction and acute right heart failure. Etiology for pulmonary hypertension unclear and requires extensive evaluation. Patient also with significant additional medical issues unrelated to the underlying pulmonary hypertension. He catheterization data demonstrated that his PA pressure and PVR responded significantly to oxygen and INO at 20 ppm and he was started on Sildenafil and nasal oxygen supplementation. His repeat echo from 12/24 demonstrated less than half systemic RV pressure. Further work up to evaluate pulmonary hypertension will continue. His BNP was elevated at 1148 and marginally elevated uric acid level. Mom denied HIV testing. Will discuss with Dr.Miga (Primary cardiologist).

- Evaluate for portal hypertension and GI input.
- Continue Sildenafil and ethacrynic acid daily
- Continue with nasal cannula as tolerated. Will be discharged home on home oxygen for long-term pulmonary vasodilatory therapy.
- Continue sildenafil to 20 mg TID
- Continue TPN @ 25 cc/hr to replace micronutrients, minerals, electrolytes and increase carbohydrate intake.
- Need to develop balanced diet based on family's restrictions.
- Follow-up laboratory data.
- Schedule chest CT this week.
- Monitor weights.

L = Low H = High C = Critical

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f = Footnote

Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001005 cync

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T

DOB: 9/27/2012 **Sex:** Male

Age: 9 years

MR#: 1709723

Patient Location: 05 PONC; P713; 01

Attending Physician: BUTTRAM MD,SANDRA DW

PHYSICIAN PROGRESS NOTES

- Rounded with Peds hospitalist.

Time spent: 35 minutes in which greater than 50% of time was spent in counseling and/or coordination of care.

Document Name:

Result Status:

Signed By:

Service Date/Time:

.Physician Progress Notes

Auth (Verified)

STEWART MD,RYAN MICHAEL (12/26/2018 15:21 MST)

12/26/2018 15:06 MST

Patient Information

Name: KAHRAMAN, KENAN TROY Age: 6
Years DOB: 09/27/2012 Sex: Male

Chief Complaint

Pt. with increased lethargy, swelling to face and hands interm per mom. pt. not wanting to walk. mom states pt. with decreased urine output and decreased BM per his normal. No immunizations per mom

Subjective

Mom states the patient is again overly hungry and she can't provide enough food to keep patient full, despite the fact his belly is distended. Mom believes he is now hyperthyroid from the levothyroxine 37.5 mcg. The patient's mother also states he couldn't sleep last evening, and was energetic all night and this is a sign of food intolerance. Patient did have some reddish purple material mixed in with his stool. The nurse believed this to be due to the increased beat intake, but a stool guaiac was positive. No diarrhea or frank bloody stools outside of this episode last night. The patient's weight is down again today 17.02 kg to 16.82 kg, highest was 18.22 kg. Mom believes this is due to the patient getting too much thyroid hormone, and she believes the patient is receiving 2000-2500 calories per day based on her calculations. Spoke to the dietician who feels the patient is not getting this many calories and is also not getting enough folic acid. Also patient is not getting enough vitamin D. Mom also stated the patient couldn't have corn syrup, maltose, or any GMO's. When asked what happens if the patient has corn or corn syrup, mom was unable to provide examples of what his symptoms are, she stated she couldn't remember "because he hasn't received any corn products in years." In the past when he has received apple or blue berries he screams uncontrollable and may have had some facial swelling. Mom showed me a rash the patient had on his upper back last night, but this was not consistent with an urticarial or allergic reaction based on the images on her phone.

Medications

Inpatient

acetaMINOPHEN 160 mg/5mL Syr Oral Liq (Peds), 270 mg= 8.44 mL, 15 mg/kg, Oral, Q6H, PRN
acetaMINOPHEN 325 mg rectal suppository (Ped/NICU), 325 mg= 1 supp, Rectal, Q6H, PRN
EMLA topical cream (Peds), 1 app, Topical, PRN, PRN
ethacrynic acid, 12.5 mg= 0.5 tab, Oral, Daily
heparin lock flush, 200 units= 2 mL, IV Push, On Call, PRN
J Tip - Buffered Lidocaine 1%, 2 mg= 0.2 mL, SubCutaneous, On Call
levothyroxine, 37.5 mcg= 0.5 tab, Oral, Daily
lidocaine topical 2% jelly (Uroject) (Peds), 20 mg/mL, Topical, Once, PRN
lidocaine topical cream (LMX-4) (Peds), 1 app, Topical, PRN, PRN
Parenteral Nutrition Pediatric 250 mL, 250 mL, IV Cont Infusion
Sildenafil (Peds), 20 mg= 1 tab, Oral, Q8H
Sodium Chloride 0.9% 250 mL, 250 mL, IV Cont Infusion
Sodium Chloride 0.9% 250 mL, 250 mL, IV Cont Infusion
Home
No active home medications

Allergies

Glutens (GI issues)
Milk Products (GI Symptoms)
Soy (GI issues)
sulfa drugs
salicylates

Imaging Results (Last 24 Hours)

Imaging Results

No qualifying data available.

Lab Results (Last 24 Hours)

Last 24 Hours

Alb/Glob Ratio: 1.4 (12/26/18)	Albumin: 3.5 g/dL (12/26/18)	Alkaline Phos: 67 U/L (12/26/18)
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L = Low H = High C = Critical

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f = Footnote

Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001006 cycin

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T

DOB: 9/27/2012 **Sex:** Male

Age: 9 years

MR#: 1709723

Patient Location: 05 PONC; P713; 01

Attending Physician: BUTTRAM MD,SANDRA DW

PHYSICIAN PROGRESS NOTES

Review of Systems

No fever, vomiting, diarrhea
Increased appetite, itching, bloating, and joint pain per mom
Difficulty sleeping last night

Vitals & Measurements

T: 37.2 °C **TMIN:** 35.7 °C **TMAX:** 37.2 °C **HR:** 103
RR: 17 **BP:** 109/60 **SpO2:** 100% **WT:** 16.820 kg

Other Vitals

-SpO2 details-
Oxygen Flow Rate: 2 L/min

Physical Exam

General: Alert and well appearing, well nourished, no acute distress.
Eye: PERRL, EOMI, normal conjunctiva.
HENT: Normocephalic, moist oral mucosa, no scleral icterus
Neck: Supple, non-tender, no lymphadenopathy.
Lungs: Clear to auscultation, non-labored respiration.
Heart: Normal rate, regular rhythm, no murmur, gallop or edema. Cap refill < 3 sec
Abdomen: Soft, non-tender, non-distended, normal bowel sounds, no masses.
Musculoskeletal: Normal range of motion and strength, no tenderness or swelling.
Skin: Skin is warm, dry and pink, no rashes or lesions.
Neurologic: Awake, alert, and appropriate, CN II-XII intact.
Moving all extremities spontaneously
Psych: Patient everts eyes from physicians and nurses, will only look down, has flat affect when being questioned

Intake and Output

I / O TOTAL LAST 24HRS

INTAKE: 280 mL
OUTPUT: 400 mL
TOTAL I/O: -120 mL

Assessment/Plan

6 yo twin male with "autism", multiple reported food "sensitivities" with severely restricted diet, who presented on 12/18 with 2 mo inability to walk, 3 weeks of chest pain, facial swelling and periodic abdominal pain, and 2 weeks of increasing lethargy. Pt was taken to the ED at CCMC, where echo showed right heart failure and pulmonary hypertension. He was admitted to the PICU and started on therapy with milrinone and diuretics. On 12/21 he underwent cardiac cath by Dr. Miga which confirmed pulmonary hypertension, responsive to oxygen and iNO. SCAN team consulted for concerns for neglect and been following him. Also Nutrition consulted and he was started on TPN. He continues to refuse NC and has

ALT: 48 U/L (12/26/18)	Anion Gap: 9 (12/26/18)	AST: 35 U/L (12/26/18)
Basophils #: 0.0 K/uL (12/26/18)	Basophils %: 0 (12/26/18)	Bilirubin Total: 0.4 mg/dL (12/26/18)
BUN: 38.4 mg/dL (12/26/18)	BUN/Creat Ratio: 63 (12/26/18)	Calcium: 8.9 mg/dL (12/26/18)
Chloride: 102 mmol/L (12/26/18)	CO2: 23 mmol/L (12/26/18)	Creatinine: 0.61 mg/dL (12/26/18)
Differential Method: Automated (12/26/18)	eGFR (African Descent): See Comment mL/min/1.73 m2 (12/26/18)	eGFR (non-African Descent): See Comment mL/min/1.73 m2 (12/26/18)
Eosinophils #: 0.0 K/uL (12/26/18)	Eosinophils %: 1 (12/26/18)	Glucose Level: 81 mg/dL (12/26/18)
HCT: 30.5 % (12/26/18)	HGB: 9.7 g/dL (12/26/18)	Immature Granulocytes #: 0.0 K/uL (12/26/18)
Immature Granulocytes %: 0.2 % (12/26/18)	Lymphocytes #: 2.5 K/uL (12/26/18)	Lymphocytes %: 42 (12/26/18)
MCH: 30.4 pg (12/26/18)	MCHC: 31.8 g/dL (12/26/18)	MCV: 96 fL (12/26/18)
Monocytes #: 0.7 K/uL (12/26/18)	Monocytes %: 12 (12/26/18)	MPV: 10.2 fL (12/26/18)
Neutrophils #: 2.8 K/uL (12/26/18)	Neutrophils %: 45 (12/26/18)	Nucleated RBCs, Automated: 0 % (12/26/18)
Occult Blood, ST: Positive (12/25/18)	Phosphorus: 4.6 mg/dL (12/26/18)	Platelet: 189 K/MM3 (12/26/18)
Potassium: 4.3 mmol/L (12/26/18)	Protein, Total: 6.0 g/dL (12/26/18)	RBC: 3.19 M/MM3 (12/26/18)
RDW-CV: 18.1 % (12/26/18)	RDW-SD: 62.9 fL (12/26/18)	Sodium: 134 mmol/L (12/26/18)
Vitamin D, 25 Hydroxy: 11.9 ng/mL (12/26/18)	WBC: 6.1 K/MM3 (12/26/18)	Zinc Level: 91 mcg/dL (12/26/18)

Code Status

Code Status - Ordered

-- 12/18/18 19:29:00 MST, Code Status Full Resuscitation

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote

Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001007 cycin

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**PHYSICIAN PROGRESS NOTES**

been getting ventimask for his O2. He was also found to have hypothyroidism and started on synthroid. The parents according to the bedside nurse have been giving him only meat balls. Have a strong suspicion for medical neglect or medical child abuse. Patient's appetite has increased, and mom is wanting to stop the levothyroxine to avoid having to feed him so much. Mom also still convinced the pulmonary hypertension is due to patient's exposure to white board markers. The patient would likely take adequate PO intake for his nutritional needs if mom would stop limiting his intake. Also suspect feeding "intolerance" symptoms are fictitious as they are based solely on mom's reports and not supported by nurse observations. Mom refuses to relinquish any control of the patient's food options, and refuses supplemental formulas due to "corn syrup, maltose, and GMO's being present in them."

Neuro:

- Close monitoring of neurological status
- Appreciate neurology consult (Dr. Timothy)
- Will need thoracic and lumbar spine with and without contrast as well and as EMG with anesthesia
- Continue PT/OT for mobility and strength

Endo:

- Appreciate endocrinology phone consult for hypothyroidism
- Levothyroxine to treat hypothyroidism

Resp:

- Close respiratory monitoring
- Continue oxygen therapy 2 L/min via nasal cannula
- He will need to go home on oxygen therapy due to his pulmonary hypertension
- Will need high-resolution chest CT without contrast prior to discharge to evaluate pulmonary parenchyma
- appreciate Pulmonology consult

CV:

- Close monitoring of vital signs closely
- Appreciate cardiology consult
- Continue sildenafil 20 mg p.o. 3 times daily for pulmonary hypertension, ethacrynic acid for systolic/diastolic congestive heart failure
- Echo on 12/24 shows improvement from prior
- Mom refused HIV screening

FEN/GI:

- Diet: As tolerated
- Appreciate nutrition consult
- Continue calorie count to determine current intake, goal

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Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001008 cync

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**PHYSICIAN PROGRESS NOTES**

is 1500 kcal/day with adequate weight gain

- Stop TPN, begin D10 with electrolytes
- Goal to stop IV dextrose once patient taking adequate PO, which appears solely due to mom withholding food
- Patient also with macrocytic anemia likely due to folic acid deficiency
- Patient also with low vitamin D
- Patient will be at risk for refeeding syndrome and will require electrolyte monitoring
- Appreciate GI consult to evaluate mom's concerns over food intolerance/sensitivities

ID:

- Monitor for fever or other signs of active infection
- Stool studies negative
- HIV test refused by mom

Social:

- Appreciate social work consult
- Appreciate SCAN team consult for concerns for neglect
- DCS case open
- Patient will require outpatient follow-up PCH genetics
- Twin brother requires assessment and was brought in to ED for evaluation

Coded Diagnoses

Acute right heart failure (Acute right heart failure, I50.811)

Failure to thrive (child) (Failure to thrive (child), R62.51)

Anasarca (Generalized edema, R60.1)

Right ventricular dysfunction (Heart disease, unspecified, I51.9)

Ketotic hypoglycemia (Other hypoglycemia, E16.1)

Lower extremity weakness (Other symptoms and signs involving the musculoskeletal system, R29.898)

Pleural effusion (Pleural effusion, not elsewhere classified, J90)

Pulmonary hypertension (Pulmonary hypertension, unspecified, I27.20)

Retarded development following protein-calorie malnutrition (Retarded development following protein-calorie malnutrition, E45)

Unspecified severe protein-calorie malnutrition

(Unspecified severe protein-calorie malnutrition, E43)

[1] Progress/SOAP Note; STEWART MD, RYAN MICHAEL 12/25/2018 13:43 MST

Document Name:

.Physician Progress Notes

Result Status:

Auth (Verified)

Signed By:

CHICO NP,MARIA S (12/27/2018 10:15 MST)

Service Date/Time:

12/27/2018 09:45 MST

L = Low

H = High

C = Critical

* = Abnormal

^ = Interpretive Data

c = Corrected

f = Footnote

Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001009 cync

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**PHYSICIAN PROGRESS NOTES****SCAN****Patient:** KAHRAMAN, KENAN TROY **MRN:** 1709723 **FIN:** 86693868**Age:** 6 years **Sex:** Male **DOB:** 09/27/2012**Associated Diagnoses:** None**Author:** CHICO NP, MARIA S

Overall update of the child's status discussed yesterday with Dr. Stuart - hospitalist attending. Kenan has had improvement of his cardiac function; he continues to be closely monitored by the Cardiology team.

Per the EMR, mom continues with ongoing refusals to allow the child to eat anything other than what parents bring to the hospital - which is the same severely regimented, restricted diet he was taking prior to admission [and the likely source of the child's severe CHF on admission].

In addition, mom has continued to insist on sole documentation of the child's intake - which appears to be largely exaggerated. See RD notes for presumed caloric intake.

The medical team remains concerned with the child's overall nutritional status as he has been losing weight. Per the EMR, mom has been counseled [on many occasions throughout this admission thus far] to allow the child to eat from a variety of food groups; she has remained adamant about the child's "intolerance" to multiple food groups and substances. In addition, staff have noted that the child will ask for more food [stating he is hungry] and parents have refused to allow any more quantity. Per the EMR, parents have stated a challenge in their ability to continue to provide sufficient quantity of their prepared food to meet the child's increased hunger - which mom has attributed to his medication [thyroxine]. Mom has asked on multiple occasions to either discontinue the medication or reduce the dosage.

We discussed our concerns with DCS yesterday and spoke at length regarding the child's status on admission as well as his current status.

The medical team will need to move forward with instituting a more generous approach to food groups that will allow for weight gain and improve the child's growth/development.

We await DCS decision regarding the child's status.

Discussed today with social work and hospitalist attending Dr. Nourani.

Will continue to follow intermittently.

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Report Request ID: 690868431

BDMC_KK 121818 001010 cycn

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T

DOB: 9/27/2012 **Sex:** Male

Age: 9 years

MR#: 1709723

Patient Location: 05 PONC; P713; 01

Attending Physician: BUTTRAM MD,SANDRA DW

PHYSICIAN PROGRESS NOTES**Addendum by LUKACIK MD, MAREK on December 31, 2018 14:46:18 MST**

Patient seen and examined and agree with the note and plan of Kim Garay, CPNP as documented above. Agree with substantial portions of the physical examination as documented.

Patient has thus far been tolerating a variety of different foods with no GI events. He is not vomiting. His bowel movements have been normal. He has tried yogurt today but remains on a gluten-free diet.

It is questionable if he really needs an endoscopy if he remains asymptomatic, a variety of foods.

Patient Information

Name: KAHRAMAN, KENAN TROY Age: 6
Years DOB: 09/27/2012 Sex: Male

Chief Complaint

Pt. with increased lethargy, swelling to face and hands interm per mom. pt. not wanting to walk. mom states pt. with decreased urine output and decreased BM per his normal. No immunizations per mom

Subjective

With Keenan and his bedside sitter this morning. GI service was initially consulted on December 24 for concerns of malnutrition.

Keenan is a 6-year-old male who was previously seen in our GI clinic by Dr. Bonfante in April 2016 for concerns of behavioral changes associated with eating foods. At that time he had a CMP elevation of uric acid likely related to a high protein diet. Blood work and stool studies were ordered with a recommendation to follow-up in 1 month. He did not return to clinic.

As per his parents he has a past medical history significant for:

Twin

Autism

Multiple food sensitivities and intolerance

Severely restricted diet

He presented to Cardon's on December 18 with a 2-month history of an inability to walk, 3 weeks of chest pain, facial swelling and periodic abdominal pain and lethargy. He was admitted to the ICU and a cardiac cath was done which showed pulmonary hypertension which was responsive to oxygen and iNO. Scan team has been involved in his care since admission. Was initially started on TPN. His parents continue to bring in his restricted diet of lamb do which consisted of land meatballs, potatoes and occasional carrots. The child was fed this 3 times a day at home. His mother estimated his calories to be 2000 cal a day. When his home food was allowed to be calculated by the RD, it was estimated to be approximately 500 cal/day.

Kenan is malnourished due to severe dietary restriction

MedicationsInpatient

acetaMINOPHEN 160 mg/5mL Syr Oral Liq (Peds), 270 mg= 8.44 mL, 15 mg/kg, Oral, Q6H, PRN
acetaMINOPHEN 325 mg rectal suppository (Ped/NICU), 325 mg= 1 supp, Rectal, Q6H, PRN
calcium-vitamin D, 1 tab, Chew, BID
EMLA topical cream (Peds), 1 app, Topical, PRN, PRN
ethacrynic acid, 12.5 mg= 0.5 tab, Oral, Daily
heparin lock flush, 200 units= 2 mL, IV Push, On Call, PRN
J Tip - Buffered Lidocaine 1%, 2 mg= 0.2 mL, SubCutaneous, On Call
levothyroxine, 37.5 mcg= 0.5 tab, Oral, Daily
lidocaine topical 2% jelly (Uroject) (Peds), 20 mg/mL, Topical, Once, PRN
lidocaine topical cream (LMX-4) (Peds), 1 app, Topical, PRN, PRN
multivitamin, 5 mL, Oral, Daily
Sildenafil (Peds), 20 mg= 1 tab, Oral, Q8H
Sodium Chloride 0.9% 250 mL, 250 mL, IV Cont Infusion
Sodium Chloride 0.9% 250 mL, 250 mL, IV Cont Infusion
Home
sildenafil 20 mg oral tablet, 20 mg= 1 tab, Oral, Q8H

Allergies

Milk Products (GI Symptoms)

Soy (GI issues)

sulfa drugs

salicylates

Imaging Results (Last 24 Hours)**Imaging Results**

No qualifying data available.

Lab Results (Last 24 Hours)**Last 24 Hours**

Alb/Glob Ratio: 1.2 (12/31/18)	Albumin: 3.6 g/dL (12/31/18)	Alkaline Phos: 86 U/L (12/31/18)
ALT: 63 U/L (12/31/18)	Anion Gap: 8 (12/31/18)	AST: 37 U/L (12/31/18)
Bilirubin Total: 0.3 mg/dL (12/31/18)	BUN: 9.5 mg/dL (12/31/18)	BUN/Creat Ratio: 48 (12/31/18)

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Report Request ID: 690868431

BDMC_KK 121818 001030 cycn

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHARAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**PHYSICIAN PROGRESS NOTES**

based on his mother's concerns for intolerance and food allergies. In addition she feels that he may have a leaky gut. Our service has recommended an EGD/colon in the future to rule out any true food allergies and sensitivities. DCS is involved with this patient as well as our scan team. Her DCS has custody of Kenan's twin brother. His parents were asked to leave on Saturday evening as they were interfering with Keenan's plan of care as discussed on Friday 12/28. The plan of care discussed include 1. nutrition-increasing food and calories with strict I's and O's. 2. Physical therapy and increasing activities 3. EGD/colonoscopy to further evaluate.

Kenan has been eating a regular diet all weekend from the cafeteria. He loves the food. He has not had any food reactions including rash, anaphylaxis, nausea, vomiting, or diarrhea. His weight is overall increased since admission. CMP is being monitored every other day.

Calcium: 9.2 mg/dL (12/31/18)	Chloride: 104 mmol/L (12/31/18)	CO2: 28 mmol/L (12/31/18)
Creatinine: 0.20 mg/dL (12/31/18)	eGFR (African Descent): See Comment mL/min/1.73 m2 (12/31/18)	eGFR (non-African Descent): See Comment mL/min/1.73 m2 (12/31/18)
Esoteric Test Name: (12/30/18)	Esoteric Test Status: See Report (12/30/18)	Glucose Level: 83 mg/dL (12/31/18)
Phosphorus: 5.1 mg/dL (12/31/18)	Potassium: 4.1 mmol/L (12/31/18)	Protein, Total: 6.5 g/dL (12/31/18)
Sodium: 140 mmol/L (12/31/18)	Triglycerides: (12/31/18)	

Review of Systems

Constitutional: Negative except HPI
HEENT: Negative except HPI
Respiratory: Negative except HPI
Cardiovascular: Negative except HPI
Vascular: Negative except HPI
Gastrointestinal: Negative except HPI
Genitourinary: Negative except HPI
Endocrine: Negative except HPI
Neurological: Negative except HPI
Psychiatric: Negative except HPI
Skin: Negative except HPI
Musculoskeletal: Negative except HPI
Hematologic: Negative except HPI
Immunological: Negative except HPI

Vitals & Measurements

T: 36.8 °C **TMIN:** 36.6 °C **TMAX:** 37.4 °C **HR:** 104
RR: 20 **BP:** 99/54 **SpO2:** 99% **WT:** 17.6 kg

Other Vitals

-SpO2 details-
Oxygen Flow Rate: 1 L/min

Physical Exam

General: Alert and oriented, well nourished, no acute distress.

Eye: PERRL, EOMI, normal conjunctiva.

HEENT: Normocephalic, normal hearing, moist oral mucosa, no scleral icterus

Neck: Supple, non-tender, no lymphadenopathy.

Tagged Lab ResultsHGB, Point of Care **10.5**

12/21/2018 12:37 MST

Transferrin **196.0**

mg/dL

12/25/2018 05:19 MST

Trans % Sat **22.5**

12/25/2018 04:19 MST

Ferritin **253**

ng/mL

12/20/2018 03:15 MST

ALT **63**

U/L

12/21/2018 05:20 MST

Alkaline Phos **86**

U/L

12/21/2018 05:20 MST

Triglycerides **48**

mg/dL

12/22/2018 05:20 MST

Prealbumin **15**

mg/dL

12/22/2018 05:19 MST

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Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001031 cycn

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**PHYSICIAN PROGRESS NOTES**

Lungs: Clear to auscultation, non-labored respiration.

Heart: Normal rate, regular rhythm, no murmur, gallop or edema.

Abdomen: Soft, non-tender, non-distended, Bowel sounds x4, no guarding, no rebound tenderness, no masses, no HSM

Musculoskeletal: Normal range of motion and strength, no tenderness or swelling.

Skin: Skin is warm, dry and pink, no rashes or lesions.

Neurologic: Awake, alert, and oriented X3.

Psychiatric: Cooperative, appropriate mood and affect.

Zinc Level **91** (mcg/dL)

12/25/2018 04:13 MST

Occult Blood, ST **POS**

12/25/2018 18:58 MST

Code Status

Code Status - Ordered

-- 12/18/18 19:29:00 MST, Code Status Full Resuscitation

Intake and Output**I / O TOTAL LAST 24HRS**

INTAKE: 410 mL

OUTPUT: 275 mL

TOTAL I/O: 135 mL

Assessment/Plan

1. Pulmonary hypertension

2. Right ventricular dysfunction

3. Acute right heart failure

Anasarca

Failure to thrive (child)

Ketotic hypoglycemia

Lethargy

Low blood sugar

Lower extremity weakness

Pleural effusion

Retarded development following protein-calorie malnutrition

Suspected child abuse

Unspecified severe protein-calorie malnutrition

Kenan is a 6 yo twin male with autism, multiple reported food "sensitivities" with severely restricted diet, who presented on 12/18 with 2 mo inability to walk, 3 weeks of chest pain, facial swelling and periodic abdominal pain, and 2 weeks of increasing lethargy. Dx by cath with pulmonary hypertension, responsive to oxygen and iNO. SCAN team consulted for concerns for neglect and been following him. Is initially started on TPN but has since been weaned off. He resumed eating his home diet initially of lamb stew. For the past 3 days he is eating food from the hospital cafeteria. His mother has requested that he have a gluten and dairy free diet.

Stool elastase

Agree with caloric goal of 1500 per day

Introduce gluten and dairy into his diet.

Consider allergy panel at the end of the week.

Consider EGD/colon if not tolerating feeds.

Dr. Lukacik to follow

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Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001032 cync

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**PHYSICIAN PROGRESS NOTES****Coded Diagnoses**

Acute right heart failure (Acute right heart failure, I50.811)
Failure to thrive (child) (Failure to thrive (child), R62.51)
Anasarca (Generalized edema, R60.1)
Right ventricular dysfunction (Heart disease, unspecified, I51.9)
Ketotic hypoglycemia (Other hypoglycemia, E16.1)
Lower extremity weakness (Other symptoms and signs involving the musculoskeletal system, R29.898)
Pleural effusion (Pleural effusion, not elsewhere classified, J90)
Pulmonary hypertension (Pulmonary hypertension, unspecified, I27.20)
Retarded development following protein-calorie malnutrition (Retarded development following protein-calorie malnutrition, E45)
Suspected child abuse (Unspecified child maltreatment, suspected, initial encounter, T76.92XA)
Unspecified severe protein-calorie malnutrition (Unspecified severe protein-calorie malnutrition, E43)

Document Name:

Result Status:

Signed By:

Service Date/Time:

.Physician Progress Notes

Auth (Verified)

NOURANI DO,MONA (12/31/2018 13:41 MST)

12/31/2018 13:30 MST

Progress Note*

Patient: KAHRAMAN, KENAN TROY MRN: 1709723 FIN: 86693868
Age: 6 years Sex: Male DOB: 09/27/2012
Associated Diagnoses: None
Author: NOURANI DO, MONA

Subjective

Kenan has remained afebrile
no vomiting or abdominal pain
he has tolerated about 4 meals including peach, banana, gluten free muffin and chicken sausage with no allergic reaction
DCS involved and parents are not allowed to visit at this time. brother in custody also .

Review of Systems

A full 14-point review of systems was completed and is negative except as stated above.

Histories**Past Medical History**Resolved

None (387958016): Resolved.

Autism (440F4091-C263-460A-8F78-6DF2032D0558): Resolved..

Family History:

Hashimoto thyroiditis

L = Low

H = High

C = Critical

* = Abnormal

^ = Interpretive Data

c = Corrected

f = Footnote

Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001033 cync

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T

DOB: 9/27/2012 **Sex:** Male

Age: 9 years

MR#: 1709723

Patient Location: 05 PONC; P713; 01

Attending Physician: BUTTRAM MD,SANDRA DW

PHYSICIAN PROGRESS NOTES

Mother
Father
Heart attack..
Grandfather (P)
Grandmother (P)
Heart failure..
Grandmother (M)
Melanoma..
Mother
Comments:
12/20/2018 22:49 - Mendez RN, Kimberly D
Excision

Social History

Social History

Alcohol

Details: Household alcohol concerns: No.

Home/Environment

Details: Lives with: Mother, Father, Siblings. Home equipment: Wheelchair. Alcohol abuse in household: No. Substance abuse in household: No. Smoker in household: Yes.

Nutrition/Health

Details: Diet description: GAPS diet, patient only eats lamb meatballs, broth, carrots, beets, water. Type of diet: GAPS.

Substance Abuse

Details: Household substance abuse concerns: No.

Tobacco

Details: Exposure to secondhand smoke: No.; Comment(s): Patient's father smokes cigarettes outside of the home.

Objective**Allergies:**

- salicylates (Since:04/09/2015)
- sulfa drugs (Since:)
Soy (Since:.)
Milk Products (Since:.)

Medications: Medications**ACTIVE MEDS**

Sodium Chloride 0.9% 250 mL 2 mL/hr IV Cont Infusion
Sodium Chloride 0.9% 250 mL 2 mL/hr IV Cont Infusion
calcium-vitamin D 1 tab Chew BID
ethacrynic acid 12.5 mg 0.5 tab Oral Daily
levothyroxine 37.5 mcg 0.5 tab Oral Daily
lidocaine (J Tip - Buffered Lidocaine 1%) 2 mg 0.2 mL SubCutaneous On Call
multivitamin 5 mL Oral Daily
sildenafil (SILdenafil (Peds)) 20 mg 1 tab Oral Q8H
acetaminophen (acetaMINOPHEN 160 mg/5mL Syr Oral Liq (Peds)) 270 mg 8.44 mL Oral Q6H PRN: Pain - Mild
acetaminophen (acetaMINOPHEN 325 mg rectal suppository (Ped/NICU)) 325 mg 1 supp Rectal Q6H PRN: Pain - Mild
heparin flush (heparin lock flush) 200 units 2 mL IV Push On Call PRN: Other (see comment)
lidocaine topical (lidocaine topical 2% jelly (Uroject) (Peds)) 20 mg/mL Topical Once PRN: Other (see comment)
lidocaine topical (lidocaine topical cream (LMX-4) (Peds)) 1 app Topical PRN: Other (see comment)
lidocaine-prilocaine topical (EMLA topical cream (Peds)) 1 app Topical PRN: Other (see comment) .

Vital Signs: Last vitals

VITALS

Temp C - 36.8 DegC 12/31/2018 12:41
Temp F - 98.2 Deg F 12/31/2018 12:41
Heart Rate - 124 bpm 12/31/2018 12:41
Respirations - Unlabored 12/31/2018 12:10
Systolic Blood Pressure - 99 mmHg 12/31/2018 08:07

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote
Printed: 2/24/2022 17:21 MST Page 1,034 of 1,592 **Report Request ID:** 690868431

BDMC_KK 121818 001034 cycin

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHARAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**PHYSICIAN PROGRESS NOTES**

Diastolic Blood Pressure - 54 mmHg 12/31/2018 08:07
Mean Arterial Pressure - 59 mmHg 12/31/2018 01:16
SpO2 - 100 % 12/31/2018 12:41
Oxygen Therapy - Nasal cannula 12/31/2018 12:10
Oxygen Flow Rate - 1 L/min 12/31/2018 12:10
Weight - 18.1 kg 12/31/2018 10:24

MAX TEMP 24HRS

Temp C - 37.0 DegC 12/30/2018 20:13 .

Intake and Output: Total Intake and Output**I/O - Today**

INPUT: 5.00
OUTPUT: 425.00
TOTAL I/O: -420.00

I/O - Yesterday

INPUT: 555.00
OUTPUT: 755.00
TOTAL I/O: -200.00

I/O - Admission

INPUT: 10838.56
OUTPUT: 15940.00
TOTAL I/O: -5101.44

Physical Examination**General:** No acute distress, quiet but answering questions appropriately .**Eye:** Pupils are equal, round and reactive to light, Normal conjunctiva.**HENT:** Normocephalic, Tympanic membranes are clear, No pharyngeal erythema.**Respiratory:** Lungs are clear to auscultation, Respirations are non-labored, Breath sounds are equal.**Cardiovascular:** Normal rate, Regular rhythm, No murmur, No gallop, Good pulses equal in all extremities, Normal peripheral perfusion.**Gastrointestinal:** Soft, Non-tender, Non-distended, Normal bowel sounds, No organomegaly.**Genitourinary:** deferred**Musculoskeletal:** Normal range of motion, Normal strength, No swelling.**Integumentary:** Warm, Pink.**Neurologic:** Alert, Moves all extremities appropriately.**Results Review****Lab Results**Labs**CBC**

WBC	4.6	12/29/18 18:30
RBC	3.40	12/29/18 18:30
HGB	10.4	12/29/18 18:30
HCT	33.2	12/29/18 18:30
MCHC	31.3	12/29/18 18:30
MCV	98	12/29/18 18:30
Platelet	257	12/29/18 18:30
Differential Method	Scan	12/29/18 18:30

BMP

Sodium	140	12/31/18 05:20
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L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote
Printed: 2/24/2022 17:21 MST Page 1,035 of 1,592 Report Request ID: 690868431

BDMC_KK 121818 001035 cync

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**PHYSICIAN PROGRESS NOTES**

Potassium	4.1	12/31/18 05:20
Chloride	104	12/31/18 05:20
CO2	28	12/31/18 05:20
Glucose Level	83	12/31/18 05:20
BUN	9.5	12/31/18 05:20
Creatinine	0.20	12/31/18 05:20

Other

Magnesium	2.1	12/31/18 05:20
Calcium	9.2	12/31/18 05:20
Albumin	3.6	12/31/18 05:20
Alkaline Phos	86	12/31/18 05:20
AST	37	12/31/18 05:20
ALT	63	12/31/18 05:20
Bilirubin Total	0.3	12/31/18 05:20
APTT	25.6	12/18/18 13:25
INR	1.3	12/18/18 13:25
Protime	14.8	12/18/18 13:25

Cardiac Enzymes

CK, Total	170	12/19/18 18:30
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blood culture NGTD

Assessment
Diagnosis

Acute right heart failure (Acute right heart failure, I50.811)
Failure to thrive (child) (Failure to thrive (child), R62.51)
Anasarca (Generalized edema, R60.1)
Right ventricular dysfunction (Heart disease, unspecified, I51.9)
Ketotic hypoglycemia (Other hypoglycemia, E16.1)
Lower extremity weakness (Other symptoms and signs involving the musculoskeletal system, R29.898)
Pleural effusion (Pleural effusion, not elsewhere classified, J90)
Pulmonary hypertension (Pulmonary hypertension, unspecified, I27.20)
Retarded development following protein-calorie malnutrition (Retarded development following protein-calorie malnutrition, E45)
Suspected child abuse (Unspecified child maltreatment, suspected, initial encounter, T76.92XA)
Unspecified severe protein-calorie malnutrition (Unspecified severe protein-calorie malnutrition, E43).

Plan

Plan: He is 6 yo twin male with H/o "autism", multiple reported food "sensitivities" who had severely restricted diet, who presented on 12/18 with 2 mo inability to walk, 3 weeks of chest pain, facial swelling and periodic abdominal pain, and 2 weeks of increasing lethargy. echo showed right heart failure and pulmonary hypertension. He was admitted to the PICU and transferred to the floor on 12/23. On 12/21 he underwent cardiac cath by Dr. Miga which confirmed pulmonary hypertension, he is on O2 by nasal cannula for it. SCAN team consulted for concerns for neglect and been following him. Suspected medical neglect or medical child abuse. DCS and SW involved. He is eating very well now and consumes the recommended 1500 cal for the day. Peculiarly, he refuses to stand up or walk but would sit and play just fine.

CT chest was done and results discussed with cardiologist. pulm hypertension has improved.

Neuro:

-Close monitoring of neurological status
- appreciate neurology consult (Dr. Timothy)
-PT/OT working with him well, if he continues to refuse to walk Will need thoracic and lumbar spine with and without contrast as well and as EMG with anesthesia, -Continue PT/OT for mobility and strength

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote
Printed: 2/24/2022 17:21 MST Page 1,036 of 1,592 **Report Request ID:** 690868431

BDMC_KK 121818 001036 cycin

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

PHYSICIAN PROGRESS NOTES

Endo:

- Appreciate endocrinology phone consult for hypothyroidism
- Levothyroxine to treat hypothyroidism, will contact him tomorrow to follow up on further needed testing

Resp:

- Close respiratory monitoring
- Continue oxygen therapy 2 L/min via nasal cannula
- He will need to go home on oxygen therapy due to his pulmonary hypertension
- per their recommendation pulm hypertension is likely not due to a pulm cause, therefore Dr. Carter has recommended to look into other neurological causes. they will continue to follow peripherally

CV:

- Close monitoring of vital signs closely
- Appreciate cardiology consult
- Continue sildenafil 20 mg p.o. 3 times daily for pulmonary hypertension, ethacrynic acid for systolic/diastolic congestive heart failure
- Echo on 12/24 shows improvement from prior, CT chest performed which showed improvement and results discussed with Dr. Ravi
- Mom refused HIV screening,

FEN/GI:

- Diet: As tolerated
- Appreciate nutrition consult

so far he has tolerated new and different types of food with no allergies noted and he is very comfortable. will add yogurt today to assess for dairy allergies. at this time after speaking to GI since he has not shown any reaction so far to new foods he may not require a scope. but if he has reactions then will plan for a scope on thursday.

- Continue calorie count to determine current intake, goal is 1500 kcal/day with adequate weight gain
- will obtain food allergy testing also

- Appreciate GI consult to evaluate mom's concerns over food intolerance/sensitivities

ID:

- patient has fever today 38.4, obtained CBC, PICC line and blood cultures
- HIV test refused by mom

Social:

- Appreciate social work consult
- SCAN team involved for concerns for neglect
- DCS case open, parents not allowed to visit the child at this time.
- Patient will require outpatient follow-up PCH genetics

The plan was discussed with the nurse.

plan discussed with family at bedside who expressed understanding and agreed with plan of care. I spent a total of 35 minutes providing care to this patient, including face-to-face time and care coordination totaling >50% of the time. Patient/Family were counseled regarding discussion of test results, diagnostic/treatment recommendations, risks and benefits of management options, education regarding patient's condition; as well as coordinating care with specialists, social work and case management, putting in orders and completing documentation. Family voices agreement and understanding of the diagnosis and treatment plan.

Orders: PowerOrders

Evaluation and Management:

99233 - NonHospitalist - Hospital Care Level 3 Subseq- CHARGE ONLY (Order): 12/31/2018 13:40 MST, Pulmonary hypertension | Right ventricular dysfunction | Acute right heart failure | Failure to thrive (child) | Ketotic hypoglycemia | Lethargy | Low blood sugar | Retarded development following protein-calorie malnutrition | Anasarca.

L = Low H = High C = Critical

* = Abnormal

^ = Interpretive Data

c = Corrected

f = Footnote

Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001037 cych

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

PHYSICIAN PROGRESS NOTES

other neurological causes. they will continue to follow peripherally

CV:

- Close monitoring of vital signs closely
- Appreciate cardiology consult
- Continue sildenafil 20 mg p.o. 3 times daily for pulmonary hypertension, ethacrynic acid for systolic/diastolic congestive heart failure
- Echo on 12/24 shows improvement from prior, CT chest performed which showed improvement and results discussed with Dr. Ravi
- Mom refused HIV screening,

FEN/GI:

- Diet: As tolerated, full diet advised no restrictions. the child has not shown any allergic symptoms to any food
- Appreciate nutrition consult
- No Scope required a sper GI
- Continue calorie count to determine current intake, goal is 1500 kcal/day with adequate weight gain
- Appreciate GI consult to evaluate mom's concerns over food intolerance/sensitivitie

ID:

- Child ahs been afebrile since for the last 4-5 days
- HIV test refused by mom

Social:

- Appreciate social work consult
- SCAN team involved for concerns for neglect
- DCS case open, parents not allowed to visit the child at this time.
- Patient will require outpatient follow-up PCH genetics

Plan of discharge - Pending on DCS finding appropriate home for him. He is medically cleared to be discharged

He also needs to demonstrate walking abilities because if he truly can not ambulate he may require imaging to understand the cause. however at this time it is likely psychological. PT working with him and he will need continuation of PT upon discharge to continue

Follow up outpatient requirement are

- 1 Cardiology (Dr. Miga) in 2 weeks**
- 2 Pulmonary (Dr. Carter), in 3-4 weeks**
- 3 Endocrine (hypothyroidism) in 3-4 weeks**
- 4 GI for adequate weight gain and for continued evalaution of the nutritional needs in 6-8 weeks**
- 4 Neuro if he refuses to ambulate. also PT/OT**

He is currently ready for discharge if DCS clears him

NO family memeber available . Dissued with GI/ Cardio regarding follow up plans .
 Discussed with nursing/ Case management

Document Name:

Result Status:

Signed By:

Service Date/Time:

.Physician Progress Notes

Auth (Verified)

NOURANI DO,MONA (1/7/2019 14:59 MST)

1/7/2019 14:53 MST

Progress Note*

Patient: **KAHRAMAN, KENAN TROY** MRN: 1709723 FIN: 86693868
 Age: **6 years** Sex: **Male** DOB: **09/27/2012**
 Associated Diagnoses: **None**
 Author: **NOURANI DO, MONA**

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote

Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001071 cych

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

PHYSICIAN PROGRESS NOTES

Subjective

doing well
 Tolerating all foods ,
 PT working on him for ambulation with some concern for hip pain
 Afebrile
 on 1 L O2 by NC for PHT
 On Ethacrynic acid for Right Heart failure
 so far he has tolerated all food and doing well
 he has been cleared to be discharge under DCS custody from GI/ cardio
 Reviewed Xray of the knees , discussed with Radiology, no sign of active rickets
 TSH normal range now
 He doesn't walk , He does stand when working with PT , says his knees hurts , No evidence of fractures on Xray, Lab parameters normal

Review of Systems

A full 14-point review of systems was completed and is negative except as stated above.

Histories

Past Medical History

Resolved

None (387958016): Resolved.
 Autism (440F4091-C263-460A-8F78-6DF2032D0558): Resolved..

Family History:

Hashimoto thyroiditis
 Mother
 Father
 Heart attack..
 Grandfather (P)
 Grandmother (P)
 Heart failure..
 Grandmother (M)
 Melanoma..
 Mother
 Comments:
 12/20/2018 22:49 - Mendez RN, Kimberly D
 Excision

Social History

Social History
Alcohol
Details: Household alcohol concerns: No.
Home/Environment
Details: Lives with: Mother, Father, Siblings. Home equipment: Wheelchair. Alcohol abuse in household: No. Substance abuse in household:
 No. Smoker in household: Yes.
Nutrition/Health
Details: Diet description: GAPS diet, patient only eats lamb meatballs, broth, carrots, beets, water. Type of diet: GAPS.
Substance Abuse
Details: Household substance abuse concerns: No.
Tobacco
Details: Exposure to secondhand smoke: No.; Comment(s): Patient's father smokes cigarettes outside of the home.

Objective

Allergies:

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote
Printed: 2/24/2022 17:21 MST Page 1,072 of 1,592 **Report Request ID:** 690868431

BDMC_KK 121818 001072 cycin

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T

DOB: 9/27/2012 **Sex:** Male

Age: 9 years

MR#: 1709723

Patient Location: 05 PONC; P713; 01

Attending Physician: BUTTRAM MD,SANDRA DW

PHYSICIAN PROGRESS NOTES

- salicylates (Since:04/09/2015)
- sulfa drugs (Since:)

Medications: Medications

ACTIVE MEDS

Sodium Chloride 0.9% 250 mL 2 mL/hr IV Cont Infusion
Sodium Chloride 0.9% 250 mL 2 mL/hr IV Cont Infusion
ascorbic acid (Vitamin C) 80 mg 0.16 tab Oral Daily
calcium-vitamin D 2 tab Oral BID
ethacrynic acid 12.5 mg 0.5 tab Oral Daily
levothyroxine 37.5 mcg 0.5 tab Oral Daily
lidocaine (J Tip - Buffered Lidocaine 1%) 2 mg 0.2 mL SubCutaneous On Call
multivitamin 5 mL Oral Daily
sildenafil (Sildenafil (Peds)) 20 mg 1 tab Oral Q8H
acetaminophen (acetaminophen 160 mg/5mL Syr Oral Liq (Peds)) 270 mg 8.44 mL Oral Q6H PRN: Pain - Mild
acetaminophen (acetaminophen 325 mg rectal suppository (Ped/NICU)) 325 mg 1 supp Rectal Q6H PRN: Pain - Mild
diphenhydramine (diphenhydramine 2.5 mg/mL Syr Oral Liq (Ped/NICU)) 18 mg 7.2 mL Oral Q6h-interval PRN: Itching
heparin flush (heparin lock flush) 200 units 2 mL IV Push On Call PRN: Other (see comment)
lidocaine topical (lidocaine topical 2% jelly (Uroject) (Peds)) 20 mg/mL Topical Once PRN: Other (see comment)
lidocaine topical (lidocaine topical cream (LMX-4) (Peds)) 1 app Topical PRN: Other (see comment)
lidocaine-prilocaine topical (EMLA topical cream (Peds)) 1 app Topical PRN: Other (see comment) .

Vital Signs: Last vitals

VITALS

Temp C - 35.8 DegC 01/07/2019 12:25
Temp F - 96.4 Deg F 01/07/2019 12:25
Heart Rate - 94 bpm 01/07/2019 12:25
Respiratory Rate - 22 br/mi 01/07/2019 14:01
Systolic Blood Pressure - 96 mmHg 01/07/2019 12:25
Diastolic Blood Pressure - 65 mmHg 01/07/2019 12:25
Mean Arterial Pressure - 71 mmHg 01/07/2019 12:25
SpO2 - 100 % 01/07/2019 14:01
Oxygen Therapy - Nasal cannula 01/07/2019 13:58
Oxygen Flow Rate - 1 L/min 01/07/2019 13:58
Weight - 18.0 kg 01/07/2019 08:58

MAX TEMP 24HRS

Temp C - 36.8 DegC 01/07/2019 04:37 .

Intake and Output: Total Intake and Output

I/O - Today

INPUT: 205.00
OUTPUT: 0.00
TOTAL I/O: 205.00

I/O - Yesterday

INPUT: 725.00
OUTPUT: 800.00
TOTAL I/O: -75.00

I/O - Admission

INPUT: 15218.36
OUTPUT: 20295.00
TOTAL I/O: -5076.64 .

Physical Examination

General: No acute distress, Playful.

Eye: Pupils are equal, round and reactive to light, Normal conjunctiva.

HENT: Normocephalic, Tympanic membranes are clear, No pharyngeal erythema.

L = Low H = High C = Critical

* = Abnormal

^ = Interpretive Data

c = Corrected

f = Footnote

Printed: 2/24/2022 17:21 MST

Page 1,073 of 1,592

Report Request ID: 690868431

BDMC_KK 121818 001073 cycin

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHARAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

PHYSICIAN PROGRESS NOTES

Respiratory: Lungs are clear to auscultation, Respirations are non-labored, Breath sounds are equal.

Cardiovascular: Normal rate, Regular rhythm, No murmur, No gallop, Good pulses equal in all extremities, Normal peripheral perfusion.

Gastrointestinal: Soft, Non-tender, Non-distended, Normal bowel sounds, No organomegaly.

Genitourinary: deferred

Musculoskeletal: Normal range of motion, Normal strength, No swelling.

Integumentary: Warm, Pink.

Neurologic: Alert, Moves all extremities appropriately.

Results Review

Lab Results

Labs

CBC

WBC	8.8	01/04/19 11:40
RBC	3.76	01/04/19 11:40
HGB	11.3	01/04/19 11:40
HCT	36.6	01/04/19 11:40
MCHC	30.9	01/04/19 11:40
MCV	97	01/04/19 11:40
Platelet	380	01/04/19 11:40
Differential Method	Automated	01/04/19 11:40

BMP

Sodium	140	01/04/19 11:40
Potassium	4.4	01/04/19 11:40
Chloride	103	01/04/19 11:40
CO2	27	01/04/19 11:40
Glucose Level	89	01/04/19 11:40
BUN	14.5	01/04/19 11:40
Creatinine	0.20	01/04/19 11:40

Other

Magnesium	2.3	01/04/19 11:40
Calcium	9.9	01/04/19 11:40
Albumin	4.2	01/04/19 11:40
Alkaline Phos	134	01/04/19 11:40
AST	102	01/04/19 11:40
ALT	174	01/04/19 11:40
Bilirubin Total	0.3	01/04/19 11:40
APTT	25.6	12/18/18 13:25
INR	1.3	12/18/18 13:25
Protime	14.8	12/18/18 13:25

Cardiac Enzymes

CK, Total	46	01/04/19 11:40
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Interpretation of Results

Medical Imaging (ST)

No Radiology Results in 36hr Time Frame

Assessment

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote
Printed: 2/24/2022 17:21 MST Page 1,074 of 1,592 **Report Request ID:** 690868431

BDMC_KK 121818 001074 cych

Banner Health

BANNER DESERT MEDICAL CENTER

1400 S. Dobson Road

Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**PHYSICIAN PROGRESS NOTES****Diagnosis**

Acute right heart failure (Acute right heart failure, I50.811)
 Failure to thrive (child) (Failure to thrive (child), R62.51)
 Anasarca (Generalized edema, R60.1)
 Right ventricular dysfunction (Heart disease, unspecified, I51.9)
 Ketotic hypoglycemia (Other hypoglycemia, E16.1)
 Lower extremity weakness (Other symptoms and signs involving the musculoskeletal system, R29.898)
 Pleural effusion (Pleural effusion, not elsewhere classified, J90)
 Pulmonary hypertension (Pulmonary hypertension, unspecified, I27.20)
 Retarded development following protein-calorie malnutrition (Retarded development following protein-calorie malnutrition, E45)
 Suspected child abuse (Unspecified child maltreatment, suspected, initial encounter, T76.92XA)
 Unspecified severe protein-calorie malnutrition (Unspecified severe protein-calorie malnutrition, E43).

Plan

Plan: Kahraman is 6 yo twin male with H/o "autism", multiple reported food "sensitivities" who had severely restricted diet, who presented on 12/18 with 2 mo inability to walk, 3 weeks of chest pain, facial swelling and periodic abdominal pain, and 2 weeks of increasing lethargy. echo showed right heart failure and pulmonary hypertension. He was admitted to the PICU and transferred to the floor on 12/23. On 12/21 he underwent cardiac cath by Dr. Miga which confirmed pulmonary hypertension, he is on O2 by nasal cannula for it. SCAN team consulted for concerns for neglect and been following him. Suspected medical neglect or medical child abuse. DCS and SW involved. He is eating very well now and consumes the recommended 1500 cal for the day. Peculiarly, he refuses to stand up or walk but would sit and play just fine.

CT chest was done and results discussed with cardiologist. pulm hypertension has improved.

WE repeated labs included muscle enzymes, which was all unremarkable, TSH normal

Neuro:

- Close monitoring of neurological status
- appreciate neurology consult (Dr. Timothy)
- PT/OT working with him well, if he continues to refuse to walk Will need thoracic and lumbar spine with and without contrast as well and as EMG with anesthesia, -Continue PT/OT for mobility and strength

Endo:

- Levothyroxine to treat hypothyroidism, per note he will follow up outpatient for adjustment TSH level normal on repeat 1.7

- Will follow with Endo Outside, no inpatient consult for now

Resp:

- Close respiratory monitoring
- Continue oxygen therapy 1 L/min via nasal cannula
- He will need to go home on oxygen therapy due to his pulmonary hypertension, No Pulse ox monitoring required
- per their recommendation pulm hypertension is likely not due to a pulm cause, therefore Dr. Carter has recommended to look into other neurological causes. they will continue to follow peripherally

CV:

- Close monitoring of vital signs closely
- Appreciate cardiology consult
- Continue sildenafil 20 mg p.o. 3 times daily for pulmonary hypertension, ethacrynic acid for systolic/diastolic congestive heart failure
- Echo on 12/24 shows improvement from prior, CT chest performed which showed improvement and results discussed with Dr. Ravi
- Mom refused HIV screening,

FEN/GI:

- Diet: As tolerated, full diet advised no restrictions. the child has not shown any allergic symptoms to any food
- Appreciate nutrition consult

- No Scope required a sper GI

- Continue calorie count to determine current intake, goal is 1500 kcal/day with adequate weight gain

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote

Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001075 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**PHYSICIAN PROGRESS NOTES**

- Appreciate GI consult to evaluate mom's concerns over food intolerance/sensitivitie

ID:

- Child has been afebrile since for the last 4-5 days
- HIV test refused by mom

Social:

Appreciate social work consult

- SCAN team involved for concerns for neglect
- DCS case open, parents not allowed to visit the child at this time.
- Patient will require outpatient follow-up PCH genetics

Plan of discharge - Pending on DCS finding appropriate home for him. He is medically cleared to be discharged PT continues to work with him and he does show adequate strength with normal neuro exam He just has a hard time standing and walking. No need for MRI at this time. PT working with him and he will need continuation of PT upon discharge to continue

Follow up outpatient requirement are

1 Cardiology (Dr. Miga) in 2 weeks

2 Pulmonary (Dr. Carter), in 3-4 weeks

3 Endocrine (hypothyroidism) in 3-4 weeks

4 GI for adequate weight gain and for continued evaluation of the nutritional needs in 6-8 weeks

4 Neuro if he refuses to ambulate. also PT/OT

He is currently ready for discharge if DCS clears him

NO family member available . Discussed with GI/ Cardio regarding follow up plans .
Discussed with nursing/ Case management

Orders: PowerOrders**Evaluation and Management:**

99232 - NonHospitalist - Hospital Care Level 2 Subseq- CHARGE ONLY (Order): 01/07/2019 14:59 MST, Pulmonary hypertension | Right ventricular dysfunction | Acute right heart failure | Anasarca | Failure to thrive (child).

CONSULTATION REPORTS**Document Name:**

.Consultation Report

Result Status:

Auth (Verified)

Signed By:

MIGA MD,DANIEL EDWARD (12/18/2018 22:13 MST)

Service Date/Time:

12/18/2018 21:17 MST

Reason for Consultation

Cardiomegaly

Problem List/Past Medical HistoryHistorical

Autism

History of Present Illness

Name: KAHRAMAN, KENAN TROY
09/27/2012 Sex: Male

Age: 6 Years

DOB:

Procedure/Surgical History

• None

Dear Dr. Buttram,

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Report Request ID: 690868431

BDMC_KK 121818 001076 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**CONSULTATION REPORTS**

I had the opportunity to evaluate Kenan in the CCMC PICU on 12/18/2018. As you recall, he is the 6 year old male whom you requested a Cardiology consultation for evaluation of cardiomegaly and edema. His mother is at the bedside. His other medical problems include autism. By report, he has a history of multiple "chemical allergies" throughout his life and a previous diagnosis of a metabolic syndrome affecting his ability to metabolize chemicals. About 2 months ago he and his fraternal twin brother began to develop progressive weakness and inability to walk. Kenan has not walked since then. His mother feels this is related to chemical exposure at school from dry erase makers. He was recently evaluated by a neurologist (Dr. Crawford) who told them he did not have a neurological problem and recommended rheumatology. He ordered an MRI and an EMG but the family did not proceed with further testing. He was not evaluated by rheumatology. He has chronic GI issues and has many dietary restrictions and is on a special diet. His appetite has been diminished. His mother reports a continued decline in his condition including progressive weakness, fatigue and exercise intolerance. Over the past few weeks she has noted generalized swelling and swelling of extremities. He complains generalized discomfort including occasional chest pain. She denies additional cardiovascular symptoms such as palpitations, tachycardia, dizziness or syncope. Of note his twin brother had a similar onset of weakness but he has recovered.

PAST MEDICAL HISTORY: As above. He has had no hospitalizations or surgeries. He is on prescription medications but takes occasional supplements including Mg. He has not received any immunizations. His growth and development are delayed. He lives with his family. The family history is negative for congenital heart disease and sudden death; Negative for muscular degenerative disorders

Review of Systems

POSITIVE SYMPTOMS ARE IN BOLDDED TEXT; ALL OTHER SYSTEMS WERE REVIEWED AND ARE NEGATIVE

CONSTITUTIONAL: activity change, appetite change, fever, irritability, lethargy, slow weight gain, trouble sleeping

EYE: eye drainage, lazy eye.

ENMT: cavities, gum bleeding, hearing loss, nasal congestion, nosebleeds, sleep apnea.

RESPIRATORY: asthma symptoms, cough, frequent pneumonia, shortness of breath, snoring, wheezing.

CARDIAC: see HPI.

GASTROINTESTINAL: abdominal distension, abdominal pain, eating problems, nausea, swallowing difficulty, reflux symptoms, vomiting

GENITOURINARY: blood in the urine, decreased urination, frequent urination

HEMATOLOGIC: anemia, easy bleeding, easy to bruise, leukemia, swollen glands

ENDOCRINE: diabetes, excessive weight gain, slow growth, thyroid disease, weight loss

MUSCULOSKELETAL: bone deformity, muscle aches, scoliosis

SKIN: birthmarks, cyanosis, nail changes, rash

NEUROLOGICAL: dizziness, developmental delay, headache, hyperactivity, seizures, weakness

PSYCHIATRIC: ADD, ADHD, Depression

ALLERGY/IMMUNE: environmental allergies, persistent infections.

Medications**Inpatient**

acetaMINOPHEN (Peds), 270 mg=
8.44 mL, 15 mg/kg, Oral, Q6H, PRN
Dextrose 5% NaCl 0.45% + KCL 20
mEq/L 1,000 mL, 1000 mL, IV Cont
Infusion

EMLA topical cream (Peds), 1 app,
Topical, PRN, PRN

J Tip - Buffered Lidocaine 1%, 2 mg=
0.2 mL, SubCutaneous, On Call

J Tip - Buffered Lidocaine 1%, 2 mg=
0.2 mL, SubCutaneous, On Call

lidocaine topical 2% jelly (Uroject)
(Peds), 20 mg/mL, Topical, Once,
PRN

lidocaine topical cream (LMX-4)
(Peds), 1 app, Topical, PRN, PRN

Home

No active home medications

Allergies

sulfa drugs

salicylates

Social History**Home/Environment**

Lives with: Mother, Father, Siblings.,
12/18/2018

Tobacco

Exposure to secondhand smoke: No.,
12/18/2018

Family History

Heart defect, congenital...: Negative:
Brother.

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Report Request ID: 690868431

BDMC_KK 121818 001077 cych

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

CONSULTATION REPORTS

Physical Exam

Vitals & Measurements

T: 36.3 °C **HR:** 88 **RR:** 23 **BP:** 96/72 **SpO2:** 100%
HT: 96.5 cm **WT:** 18.2 kg **BMI:** 19.31

Other Vitals

PHYSICAL EXAMINATION: Vital signs reviewed. In general, this is a ill appearing male n no distress. The skin is pale and warm. There is a diffuse dry partially erythematous rash. HEENT: NC/AT; (+) periorbital edema/facial edema; external ears are normal. Oropharynx is moist without cyanosis. The neck is supple without JVD, adenopathy or thyromegaly. The lungs are clear to auscultation. The chest is without deformity. The cardiac examination reveals a right ventricular impulse with a normal S1 and loud narrowly split S2. Mild resting tachycardia. There is a 1-2/6 systolic murmur at the left lower sternal border. There are no clicks, gallops, rubs or diastolic murmurs. The abdomen is mildly distended with the liver palpable 4 cm BRCM. The extremities reveal full range of motion with no clubbing or cyanosis; (+) edema. The pulses are 2+ and symmetrical in the upper and lower extremities. Neurologic examination reveals anxious child.

LABORATORIES (I personally reviewed all laboratory tests):

Chest x-ray with mild cardiomegaly and increase perihilar markings.

I have personally reviewed all laboratory studies.

Echocardiogram reveals the following:

Normal segmental cardiac anatomy.

Moderate to severe right atrial dilatation.

Moderate to severe right ventricular dilatation with mild hypertrophy and moderately diminished systolic function.

Moderate tricuspid insufficiency with a RV-RA gradient of 70 mmHg (RVSP = 70 mmHg + RAP).

Normal left ventricular size without hypertrophy with normal systolic function; paradoxical septal wall motion.

No pericardial effusion.

Assessment/Plan

DIAGNOSIS:

- Pulmonary hypertension, severe
- Right ventricular dysfunction
- Right heart failure, acute systolic and diastolic
- Possible chronic metabolic syndrome
- Chronic GI issues
- Weakness

IMPRESSION: Kenan is the 6 year old male with a previous history of a metabolic condition, chronic GI issues and chemical sensitivity presenting with progressive weakness, lethargy and edema. On examination, he has mild generalized edema, hepatomegaly, tachycardia, a loud S2 and a soft systolic murmur. A chest x-ray demonstrates mild cardiomegaly and increased perihilar markings. An echocardiogram demonstrates normal cardiac anatomy, severe pulmonary hypertension, moderate TR, moderate to severe right ventricular dilatation with mild hypertrophy and moderately diminished systolic function and normal left ventricular function. Kenan has severe pulmonary hypertension with acute diastolic and systolic right heart

Banner Health

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Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**CONSULTATION REPORTS**

failure. His BNP is severely elevated and consistent with this diagnosis. His CPK is also elevated and consistent with his degree of CHF. His albumen and protein are normal but his pre-albumen is low consistent with poor nutrition. He has clinical right heart failure but has additional symptoms which are inconsistent with this diagnosis. He presented with hypoglycemia and given his history may have a primary metabolic disorder as etiology for his issues. He requires an extensive evaluation for his pulmonary hypertension including a cardiac catheterization. His primary focus now is treatment for his acute CHF. He has very significant pulmonary hypertension and is at risk for acute decompensation. His condition is guarded. I reviewed my findings and recommendations in detail with the family and reassured them. They had ample opportunity to ask questions and felt comfortable with our discussion. They voiced their understanding of the diagnosis and plan.

DISPOSITION:

- Gentle diuresis - Lasix 18 mg IV Now; probably repeat dose in AM
- Will reassess in the AM and may start milrinone as additional CHF therapy
- Comprehensive metabolic workup
- Comprehensive pulmonary hypertension work-up including chest CT
- Pulmonary consultation
- Neurology consultation
- Obtain old medical records
- Discussed with ICU service and formulated plan

Thank you for this interesting consultation and allowing me to participate in his care. Please do not hesitate to call with any questions or concerns.

Sincerely,
Daniel E. Miga, MD

Coded Diagnoses

Acute right heart failure (Acute right heart failure, I50.811)
Right ventricular dysfunction (Heart disease, unspecified, I51.9)
Pulmonary hypertension (Pulmonary hypertension, unspecified, I27.20)

Document Name:	.Consultation Report
Result Status:	Auth (Verified)
Signed By:	TIMOTHY MD,JEREMY SCOTT (12/20/2018 14:00 MST)
Service Date/Time:	12/19/2018 20:23 MST

Consultation Report

DATE OF BIRTH: 09/27/2012

Child Neurology Consult Note

DATE OF SERVICE:
12/19/2018 at 1600 p.m.

CHIEF COMPLAINT:

L = Low H = High C = Critical

* = Abnormal

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Report Request ID: 690868431

BDMC_KK 121818 001079 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**CONSULTATION REPORTS**

Bilateral lower extremity weakness x2 months.

HISTORY OF PRESENT ILLNESS:

The patient is a 6-year-old boy with a past medical history significant for a diagnosis of autism at 22 months of age, who was in his usual state of health until early October of this year, 2 months ago. At that time, he fell on his right knee and complained of severe knee pain. He was seen at Phoenix Children's Hospital by orthopedic surgery where x-rays were reportedly negative. They diagnosed him with a femoral bruise. Of note, his twin brother had a knee injury approximately 2 to 3 weeks earlier and became nonambulatory and was using a wheelchair. The patient was seen by "neurologic physical therapist" who initially felt his examination was normal and was working with them. Over time the physical therapist felt he developed hip flexor and quadriceps weakness. The same physical therapist has been working with his twin brother and felt the brother had the same type weakness after injuring his knee a few weeks earlier, only present right at the beginning of the injury. Since this incident in October the patient has been unable to ambulate. He did so prior to this without difficulty. When ambulating or trying to support weight he complains of severe knee pain. He started complaining of pain in both knees. His brother worked with physical therapy and eventually started walking again and has recovered. The patient had some work with physical therapy as well, but has had a decreased tolerance for the therapy and started complaining of chest pain and fatigue about 3 weeks ago.

During the past 2 months the patient was seen in the Phoenix Children's Hospital Emergency Department in an attempt to expedite a child neurology evaluation. At that time, his creatine kinase level was reportedly normal, but erythrocyte sedimentation rate was elevated. He was seen by Daniel Crawford, DNP with neurology, who recommended an EMG and nerve conduction study. According to mother, he did not find the pattern compelling for a neurologic problem, but was willing to do the test to look for it. Originally no neuro imaging was going to be performed, but later it was decided to check the test though suspicions were low. Mother felt that because the suspicions were low that it was not worth the risk of exposure to anesthesia. Mother feels the patient has "chemical hypersensitivity" in association with his autism. She states he does not feel well when exposed to new and uncontrolled environments. He had been in school. Mother felt the use of the dry erase board was making him sick. Symptoms are vague. She also worries about pesticides on the front lawn. He is on extremely specialized diet in order to try to reduce his exposure to foreign chemicals. Mother states that while he was working with physical therapy that she felt his liver was over worked "getting rid of toxins." She states he would feel better when he had bowel movements. She stated the bowel movements had visible parasites, though no testing was done on any of his stool. He states he feels better whenever he does have a bowel movement. She did note, during this time that his liver was starting to enlarge, but felt it was because it was "over worked."

It was recommended by neurology that he see a

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Printed: 2/24/2022 17:21 MST Page 1,080 of 1,592 **Report Request ID:** 690868431

BDMC_KK 121818 001080 cync

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**CONSULTATION REPORTS**

rheumatologist in followup. Mother states there was no inflammation of his joints and she did not feel the rheumatology referral was necessary. He was taken out of school at the end of October and the parents have been home schooling him since. He has been in a wheelchair since that time. She does note that for the past 3 weeks his pain in his legs has been less than that he scoots around on the floor with his arms. His arm strength has been normal. When he was seen by neurology his distal lower extremity strength was normal, but he did have less hip flexion and knee extension.

The patient began complaining of chest pain around Thanksgiving and it grew worse at night. He had some periodic swelling of the face, which mother again attributed to "toxins." Mother would check his heart rate and was concerned because of some palpitations and tachycardia. He had 3 episodes of waking up and sleeping and crying that he had abdominal pain. His back would then arch and he would grind his teeth with a blank stare. He had no rhythmic jerking. With each of these episodes, he vomited, in which mother reports seeing "a liver fluke" and passed stool with visible parasites. She feels that these events were seizures, but again related to unspecified toxins in his environment. For the second episode, he fell sideways while he was sitting on the toilet and hit his head on the counter, but mother was there to break his fall. Mother has been consulting a naturopath in Georgia who suggested magnesium supplementation, which mother has been doing at home. He has had increased napping and sleepiness over the past 2 weeks. He was taken to the emergency room yesterday where he was noted to have diffuse anasarca. An echocardiogram was obtained, which showed right atrial and right ventricular dilation with decreased right ventricular function and pulmonary hypertension with estimated right ventricular pressures approximately 2/3 of systemic. He was given a dose of Lasix for diuresis and admitted to the PICU for further management. He developed a rash to the Lasix. He does have a history of a SULFA ALLERGY.

Of note, the patient had normal speech and early childhood gross and fine motor milestones. His mother states he was diagnosed at 22 months of age with autistic spectrum disorder by testing that was primarily done because of his brother. Mother suspicion of him having autistic spectrum disorders low. He is very social still. He is quite verbal. However, mother feels that he may be on the spectrum because of sensory integration problems and "chemical sensitivities."

The patient has been on a very specialized diet. Mother has tried to introduce new foods. She states that whenever the patient does not feel well. She attributes this to the chemical sensitivities. He can generally only tolerate lamb as meat. He will gladly accept new food, but then mother feels he will not feel well later. He was found in the hospital to have an elevated CPK of 376 that was repeated today and had dropped to 201. He had a low prealbumin of 10 mg/dL. His albumin was normal at 4.2 g/dL. His total protein is normal at 7.1 g/dL. His magnesium at 2.6 mg/dL is slightly high. He was very acidotic with a bicarbonate of 13 millimoles per liter. His anion gap was elevated at 26. Urine had small ketones. His NT-proBNP

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Printed: 2/24/2022 17:21 MST Page 1,081 of 1,592 **Report Request ID:** 690868431

BDMC_KK 121818 001081 cycin

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**CONSULTATION REPORTS**

was elevated at 12,567. His TSH was very elevated at 11.16 with a low free T4 of 0.56 ng/dL. His C3 complement was low at 67 mg/dL. His cholesterol is high at 241 mg/dL. C-reactive protein. Lactic acid and sedimentation rate were all within normal limits. CBC was remarkable for slight elevation in MCV of 92. His glucose was extremely low arrival at 44. It has elevated into normal range as he has received IV fluids over the past day.

PHYSICAL EXAMINATION:

VITAL SIGNS: Weight 18.2 kg at the 10th percentile for age. Height is 96.5 cm, far below the 3rd percentile for age and fallen off the curve from previous if the measure is correct. T-max is 36.5 degrees Celsius, T-current 36 degrees Celsius, pulse 103, respirations 22, oxygen saturation 99% on room air, blood pressure 99/66. **GENERAL:** Awake, alert, oriented to self and situation. Speech fluent, coherent. At least understands commands without difficulty. The patient does refuse to cooperate with many instructions or requests. Speech is fluent and coherent. Attention and memory, the patient is poorly cooperative and fears gowns medical personnel. Cognition and attention, the patient is poorly cooperative and fears gown medical personnel. **CHEST:** Clear to auscultation bilaterally, no increased work of breathing. **CARDIOVASCULAR:** Regular rate and rhythm, pulses are 2+ and symmetric in all extremities. **GASTROINTESTINAL:** Soft, nontender, nondistended. Liver edge palpable about 3 cm below right costal margin. **INTEGUMENTARY:** No cafe-au-lait spots. No hypopigmented macules. The patient does have erythematous macules on the right upper chest where a bandages adhesive was. There are some petechiae on the left upper extremity just distal to the antecubital area where a needle mark is for a blood draw attempt. **NEUROLOGIC:** Cranial nerves II-XII intact. The patient is poorly cooperative with eye exam. Unable to visualize fundi. **MOTOR:** Normal tone and bulk. The patient does have tightness in bilateral hamstrings with a contracture on the left and difficulty straightening. Stretching hamstring causes the patient's pain. He has decreased hip flexion and knee extension. He has full plantar flexion and dorsiflexion and knee flexion. Upper extremities move against gravity without difficulty. He will not cooperate with strength testing of the upper extremities. The tone is normal other than the contractures in the hamstrings with increased resistance. **Sensory:** Withdraws to tickle in all extremities. **Coordination:** Smooth one finger reach bilaterally, positive pincer grasp. The patient throws objects overhand. **Stance,** nonambulatory. **Gait,** nonambulatory. Deep tendon reflexes 2+ and symmetric bilaterally. Toes are downgoing bilaterally.

ASSESSMENT:

The patient is a 6-year-old boy with bilateral knee pain and refusal to walk for the past 2 months. There has been some concern of decreased knee extension and flexion with physical therapy. However, his distal strength has been completely normal. I suspect there has been some deconditioning while the patient has not been walking because of pain. He does have some contractures of the hamstrings from sitting and being in a wheelchair without extending his legs or standing. I doubt this has a neuromuscular cause. He

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Printed: 2/24/2022 17:21 MST Page 1,082 of 1,592 **Report Request ID:** 690868431

BDMC_KK 121818 001082 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**CONSULTATION REPORTS**

originally had a normal CPK. It was elevated this hospitalization, but I suspect that is due to cardiac causes.

RECOMMENDATIONS:

1. Recommend checking CK with CKMB section fractionated. This will determine if the elevation is more due to skeletal CPK or cardiac.
2. Recommend the patient get physical therapy. When he has more endurance with improvement in cardiac function. He should eventually overcome the pain and regain strength in the lower extremities. If this did not happen would recommend revisiting lower extremity weakness and possible EMG or nerve conduction study in the future.

We will follow lab tests and follow the patient as necessary. Please call for any questions or concerns. Thank you very much for the opportunity to participate in Kenan's care with this consult. I was consulted in his care by Dr. Sandra Buttram.

Jeremy S. Timothy, MD

JST:NTS

D:12/19/2018 20:23 MST

T:12/19/2018 23:22 MST

054656/10664577

Cardon Children's Medical Center

cc: Sandra D Buttram MD

Document Name:

.Consultation Report

Result Status:

Modified

Signed By:

WOOLRIDGE MD,DALE P (12/21/2018 16:51 MST); CHICO NP,MARIA S (12/20/2018 17:45 MST)

Service Date/Time:

12/20/2018 13:30 MST

Addendum by WOOLRIDGE MD, DALE P on December 21, 2018 16:51 MST

=====

History, exam and medical decision-making reviewed. I discussed the case with the Maria Chico NP and I agree with the findings and plan as documented in her note.

Differential Diagnosis:

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Report Request ID: 690868431

BDMC_KK 121818 001083 cycin

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**CONSULTATION REPORTS**

FTT

Nutritional deficiency

Inadequate caloric intake

Vitamin deficiency

Neglect

Concerning belief structure related to pediatric care

Electronically Signed

Dale Woolridge MD, PhD

Emergency Medicine and Pediatrics

=====

SCAN Initial Consult Note***Patient:** KAHRAMAN, KENAN TROY **MRN:** 1709723 **FIN:** 86693868**Age:** 6 years **Sex:** Male **DOB:** 09/27/2012**Associated Diagnoses:** None**Author:** CHICO NP, MARIA S**History of Present Illness**

The SCAN team was consulted by Dr. Georgia Androutsopoulou for a comprehensive evaluation.

Kenan is a 6 year-old boy admitted for the following: increasing lethargy, swelling to face/hands, decreased urine output and inability to walk for the past 2 months. The child was brought to the ED by his parents.

Chief Complaint: lethargy, swelling, decreased urine output, inability to walk for the past 2 months.

Informant: Father was interviewed at bedside; mom had gone to work and was not present.

History of Present Illness:

Dad reports that parents brought the child to the ED for concern of swelling to face/hands. **Dad reported several times that he was not very knowledgeable regarding the child's specifics of medical history and asked that we obtain information from mom, who was not present.

Dad reports that Kenan has PT twice/week and OT 1-2/week; he did not know the name of the company that provides the therapy.

The specific medical history below was also obtained from the medical record of this current admission.

Family History:

Dad reports no paternal family history of neurologic, genetic, bleeding or psychiatric disorders. In general, he reports that mom's family history is likewise unremarkable. When asked about his own childhood, dad

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Report Request ID: 690868431

BDMC_KK 121818 001084 cync

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

CONSULTATION REPORTS

reports that no one in his family required any special diet, though he does state that he was born/raised in Turkey, where "all the food is organic".

Social History:

The child lives at home with parents and his twin sibling. Parents are married; they have been together for 10 years. Parents are both currently working; dad reports he is currently on FMLA.

Dad reports no economic stressors in the home.

Dad reports no history of domestic violence, illicit substance use or parenting difficulties.

The sibling in the home is Kenan's twin brother.

There are no others living in the home.

Typical caretakers of the child include: dad reports that they have "providers" that come to the home to care for the children while parents work. He reports that they provide "some type" of "autism" care; he did not provide specifics.

Dad reports that English is the only language spoken at home.

Dad reports that there are firearms in the home.

Dad reports no prior DCS involvement.

Dad reports history of legal problems [DUI arrest] but no incarceration of caregivers.

Birth:

Mom received prenatal care; she was GBS+

The child was born at BDMC hospital and was the product of a 37-week gestation born via SVD; he was Twin B.

Birth weight was 2.48kg. There were no complications during delivery; there was +mec. He did not require NICU admission.

Development:

The child's development was unremarkable. Dad reports that Kenan achieved normal developmental milestones at age-appropriate intervals.

Other:

Regarding nutrition, dad reports that the child eats a very specific diet: New Zealand lamb [purchased at Whole Foods] that is made into a stew along with beets and occasionally, carrots. Dad reports that the child eats this same meal daily, for all 3 meals [breakfast, lunch, dinner] and a mid-morning snack. When asked, dad reports that this highly regimented diet is necessary due to the child's reported "chemical" allergies.

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**CONSULTATION REPORTS**

Regarding sleep, dad reports that the child's bedtime is between 20-2100 and awakens between 0630-0730.

Dad reports that the child falls asleep after 30-45 minutes and often awakens during the night.

The child sleeps on a mattress on the floor in a room he shares with his twin brother; dad reports that mom sleeps on the floor with the children.

With regard to school, dad reports that Kenan "fell at school" in October, hurting his knee. Parents weren't given any specifics except they assume he was pushed by another child. Dad reports that they don't know if he hit his head, back or any details other than the child reported falling on the knee. After that, dad reports that parents pulled the child from school and both Kenan and his brother have been home-schooled.

Medical history:

Parent reported that the child has had no immunizations up to date.

Parent identified the child's current PCP as Dr. Scott Jensen.

Parent reports that the child has had prior injuries [fall at school with injured knee].

Parent reports that the child has not been previously hospitalized.

Parent reports that the child has not had prior surgeries.

Parent reported that the child has the following complex/chronic illnesses: chemical reactions to multiple environmental objects, multiple stomach ailments requiring a special diet.

Parent reports that the child does not take any prescribed medications; he reported that the child takes "natural herbs" that are recommended by an out-of-state naturopath.

Review of Systems**Review of Systems:**

Constitutional: History of weight loss, FTT, fatigue, sleep disturbance

HEENT: No history of tinnitus, dysphagia, epistaxis, recurrent otitis/strep infections, vision changes

PULM: No history of asthma, cough, rhinorrhea, seasonal allergies

CV: No history of heart murmur, CHD, syncope, HTN, palpitations; he has history chest pain during the Thanksgiving holiday and recent swelling of face/hands.

GI: No history of nausea, poor feeding, GERD, vomiting, diarrhea; history of some constipation, abdominal pain

L = Low H = High C = Critical

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Report Request ID: 690868431

BDMC_KK 121818 001086 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**CONSULTATION REPORTS**

GU: No history of urinary frequency/urgency, renal calculi, infections, enuresis, renal disease; recent history of decreased urine output.

SKELETAL: No history of joint pain, fractures, hip dysplasia, joint dislocations; history of knee pain

DERM: No history of rash, birthmarks, eczema; history of multiple "reactions" to environmental objects including clothes.

ENDO: No history of thyroid problems, diabetes, short stature

HEME: No history of anemia, easy bruising/bleeding, recurrent fevers/infections

NEURO: No history of head trauma, seizures, headaches, dizziness, weakness, numbness/tingling, speech/motor delay, gait disturbance, abnormal movements; recent history [past 2 weeks] of lethargy and inability to walk.

PSYCH: No history of ADHD, depression, anxiety, stress, hallucinations; history of autism.

Objective**Allergies:**

- salicylates (Since:04/09/2015)
- sulfa drugs (Since:)
- Glutens (Since:.)
- Soy (Since:.)
- Milk Products (Since:.)

Medications: Medications**ACTIVE MEDS**

milrinone 20 mg [0.25 mcg/kg/min] + premix 100 mL (milrinone additive 20 mg [0.25 mcg/kg/min] + premix dextrose 5% in water 100 mL) 1.35 mL/hr
IV Cont Infusion
ethacrynic acid 12.5 mg 0.5 tab Oral Q12H
levothyroxine 37.5 mcg 0.5 tab Oral Daily

potassium CHLORIDE 1,000 mL (Dextrose 5% NaCl 0.45% + KCL 20 mEq/L 1,000 mL) 54 mL/hr IV Cont Infusion
acetaminophen (acetaMINOPHEN (Peds)) 270 mg 8.44 mL Oral Q6H PRN: Pain - Mild

Vital Signs: Last vitals**VITALS**

Temp C - 36.7 DegC 12/20/2018 08:13
Temp F - 98.1 Deg F 12/20/2018 08:13

Heart Rate - 138 bpm 12/20/2018 14:51
Respiratory Rate - 20 br/mi 12/20/2018 14:51
Systolic Blood Pressure - 101 mmHg 12/20/2018 11:46
Diastolic Blood Pressure - 64 mmHg 12/20/2018 11:46

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Report Request ID: 690868431

BDMC_KK 121818 001087 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**CONSULTATION REPORTS**

Mean Arterial Pressure - 73 mmHg 12/20/2018 11:46

SpO2 - 95 % 12/20/2018 15:24

Oxygen Therapy - Room air 12/20/2018 15:24

Weight - 16.8 kg 12/20/2018 15:59

MAX TEMP 24HRSTemp C - 36.8 DegC 12/20/2018 04:38 , Height/Weight : HEIGHT/WEIGHT
12/20/2018 15:00 MSTWeight
Ht/Wt Comment16.8 kg
tan infant scale**Intake and Output:** Total Intake and Output**I/O - Today**

INPUT: 262.95 mL

OUTPUT: 200.00 mL

TOTAL I/O: 62.95 mL

I/O - Yesterday

INPUT: 768.48 mL

OUTPUT: 1035.00 mL

TOTAL I/O: -266.52 mL

I/O - Admission

INPUT: 1440.23

OUTPUT: 2705.00

TOTAL I/O: -1264.77

Physical Examination**Physical Exam:**

Vitals & Measurements on Admission: **HT:** 96.5cm; 0%; Z-score -3.93 **WT:** 18.2kg;
12%

T: 36.4°C **RR:** 20 **HR:** 123 **BP:** 82 / 64

The general medical examination today revealed a eumorphic child in no acute cardiopulmonary distress.

HEENT: The child was normocephalic.

Eyes: Symmetric and intact; there was no bruising present. Pupils were PERL, brisk; there were no conjunctival hemorrhages present.

Ears: Symmetric and intact; there was no bruising present.

Nose: Unremarkable with patent nares; there was no bruising present.

Mouth/Throat: Frenulum intact x 3 as follows: lingual, gingival upper, gingival lower

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Report Request ID: 690868431

BDMC_KK 121818 001088 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**CONSULTATION REPORTS**

Cardiovascular: The child's peripheral pulses were full/equal and bounding with mild peripheral edema but no cyanosis. S1, S2 were present, with murmur bitj without gallop and the rhythm was regular.

Pulmonary: The lungs were clear and equal bilaterally with good breath sounds in all lung fields.

Abdominal: Examination revealed no abdominal masses or tenderness; liver was palpable 3-4cm below costal margin.

Skeletal: Examination revealed no abnormalities to visual inspection and percussion; the child had weak ROM to UE and poor movement of LE.

Back: Straight and without evidence of scoliosis. There was no bruising present.

Integumentary: There were no rashes, scars or birthmarks noted. There was no bruising present. He had iatrogenic marks from tape, IV starts to his arms; one small mark on his chest from the ECG leads.

Genital:

Exam deferred to lack of cooperation.

Neurologic:

Mental status: The child was quiet, shy throughout the exam. The child was initially very hesitant to speak, but did subsequently speak in full sentences. He exhibited good receptive language; his speech and language was well-articulated; the child had no difficulty naming or repeating and was able to follow multi-step commands. The child's vocabulary was appropriate for age.

Tone: Normal tone/bulk; tightness bilaterally to hamstrings.

Strength: Uncooperative with UE testing

DTR: 2+/4 bilaterally; plantar response flexor bilaterally.

Results Review**Lab Results**Labs**CBC**

WBC

7.4

12/18/18 15:05

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Report Request ID: 690868431

BDMC_KK 121818 001089 cych

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

CONSULTATION REPORTS

RBC	4.55	12/18/18 15:05
HGB	13.9	12/18/18 15:05
HCT	41.7	12/18/18 15:05
MCHC	33.3	12/18/18 15:05
MCV	92	12/18/18 15:05
Platelet	151	12/18/18 15:05
Differential Method	Automated	12/18/18 15:05

BMP

Sodium	134	12/20/18 04:10
Potassium	3.3	12/20/18 04:10
Chloride	97	12/20/18 04:10
CO2	18	12/20/18 04:10
Glucose Level	96	12/20/18 04:10
BUN	22.3	12/20/18 04:10
Creatinine	0.40	12/20/18 04:10

Other

Magnesium	2.0	12/20/18 04:10
Calcium	8.8	12/20/18 04:10
Albumin	3.2	12/20/18 04:10
Alkaline Phos	69	12/20/18 04:10
AST	30	12/20/18 04:10
ALT	27	12/20/18 04:10
Bilirubin Total	0.7	12/20/18 04:10
APTT	25.6	12/18/18 13:25
INR	1.3	12/18/18 13:25
Protime	14.8	12/18/18 13:25

Cardiac Enzymes

CK, Total	170	12/19/18 18:30
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Interpretation of Results

Medical Imaging (ST)

No Radiology Results in 36hr Time Frame

Assessment

Assessment/Plan

SCAN consultation was requested due to concerns for medical neglect issues. Specifically:

1. The child's recent episodes of chest pain were not addressed with any medical provider.
2. The child's 3 recent spells that may be concerning for clinical seizures were likewise not addressed with any medical provider.

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Report Request ID: 690868431

BDMC_KK 121818 001090 cym

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**CONSULTATION REPORTS**

3. The child's current highly regimented diet does not provide sufficient caloric intake for normal growth/development and has contributed to his extremely poor nutritional status.
4. The parents initially sought GI consultation [approximately 2 years ago] but did not follow up on recommendations made at that time. Further, with mom's report of seeing "parasites" in the child's stool - she did not seek follow up care or made inquiries of the GI team.
5. Recent evaluation at PCH neurology for the inability to walk resulted in recommendations for MRI, NCV, EMG - which parents deferred due to fears of general anesthesia.
6. The child has acute CHF with significant pulmonary hypertension that places him at risk for acute decompensation. He is scheduled for cardiac cath tomorrow.
7. Parents' perception that the child has multiple "chemical allergies" - has not been elucidated with routine or comprehensive dermatologic diagnostic testing.
8. Mom has refused some of the pharmacologic treatments recommended by the medical team; she has requested continued use of naturopathic substances during his admission thus far.

Mom was not available for today's interview; we will return tomorrow to complete our interview with her.

In the interim, the medical team is concerned that the child's health has been directly impacted by parent's belief system that values "natural" adult therapeutics in lieu of accepted pediatric standards of care. Unfortunately, this has likely resulted in the child's current critical cardiac status, overall poor nutritional state and deconditioning that has lead to an inability to ambulate.

The child has had several pediatric subspecialty consultations done [Cardiology, Neurology, Nutrition, PT, OT, etc.] ; comprehensive diagnostic evaluation is in progress to determine etiology of his current condition.

The child is at **high risk** for further/ongoing poor medical/nutritional status in his current environment.

Therefore, DCS has been contacted

Plan**Plan**

1. DCS is investigating; they will determine the **safety disposition** for this child.
2. We recommend obtaining medical records of PCH ED, Neurology visits and routine child care PCP records.
3. Continue routine management by the critical care team; they will determine the **medical discharge** for this child.

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Report Request ID: 690868431

BDMC_KK 121818 001091 cyn

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BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

CONSULTATION REPORTS

4. We recommend full medical evaluation of the twin sibling.

This case was staffed via phone with SCAN Attending Dr.Woolridge.

This case was discussed in person with the intensivist Dr. Androutsopoulou.

This case was also discussed with other consultants: social work.

We will continue to follow.

Please call with questions/concerns via answering service (480) 412-7442.

Document Name:	.Consultation Report
Result Status:	Auth (Verified)
Signed By:	CARTER MD,EDWARD R (12/21/2018 10:16 MST)
Service Date/Time:	12/20/2018 16:50 MST

Consultation Report

DATE OF BIRTH: 09/27/2012

Inpatient Pulmonary Consultation

DATE OF SERVICE:
12/20/2018

REFERRING PROVIDER:
Georgia Androutsopoulou, MD, pediatric intensive care unit attending.

CHIEF COMPLAINT:
The patient is a 6-year-old boy who we have been asked to see in consultation for evaluation of his recently diagnosed pulmonary hypertension.

HISTORY OF PRESENT ILLNESS:
The patient is a 6-year-old boy who at baseline has a degree of autism, but otherwise was relatively healthy until the past several months. He has always had some difficulty eating, and his diet has been somewhat sparse leading to possible malnutrition. About 2 months ago, he and his fraternal twin brother both developed some weakness and inability to walk, associated with some knee pain. This was not associated with fever, skin rash, or muscle pain. However, since that time the patient has not ambulated. He has been evaluated by neurology, both as an outpatient by Daniel Crawford, NP as well as by Dr. Timothy recently as an inpatient consultation. There has

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Printed: 2/24/2022 17:21 MST Page 1,092 of 1,592 **Report Request ID:** 690868431

BDMC_KK 121818 001092 cycn

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**CONSULTATION REPORTS**

not been any definite neurological abnormality that can explain his inability to walk. Due to his inability to walk, it was recommended that he get an MRI of spine, but his parents refused due to the anesthesia. It was also recommended that he have a rheumatological consult because his initial sed rate was reported to be elevated. He has not had that consultation.

Over the past 2 weeks, he was noted to have some swelling of his extremities. He also had some complaints of chest pain. For this reason, he was brought in for evaluation to cardiology clinic where he saw Dr. Miga. An echocardiogram showed that he had significant pulmonary hypertension. He was in a degree of right heart failure. He was then admitted to the hospital approximately 2 days ago for evaluation of his pulmonary hypertension. Since being in the hospital, he has been treated with Lasix, and on repeat echocardiogram his pulmonary pressures came down from near systemic to 41 mmHg over right atrial pressure. This is a significant improvement from his echocardiogram obtained 2 days ago when his RVSP was estimated to be about 70 mmHg over RAP.

The patient has not had snoring or any documented nighttime hypoxia. Over the past 2 nights, oxygen saturations have been consistently above 95% while breathing room air. The patient also did not have any evidence of CO2 retention based on serum bicarbonate level that was actually on the low side rather than elevated. He has no known rheumatological process, though he has had his knee and leg pain and failure to ambulate over the past 2 months. He has some nutritional deficiencies associated with his unusual diet, due to his feeding intolerance.

PAST MEDICAL HISTORY:

He has a twin brother who several months ago also had difficulty walking, but is now walking. There is not a family history of chronic lung disease or pulmonary hypertension.

The patient lives locally with his family. His parents have not left his bedside. They alternate being there. His mother is convinced that there are some naturopathic issues going on. His diet has been somewhat unusual.

PMH:

He was diagnosed with autism at approximately 2 years of age. He has some food sensitivities, but is REPORTED TO BE ALLERGIC TO GLUTEN, MILK PRODUCTS, SOY, SULFA DRUGS, SALICYLATE. He currently is not taking any medications. He has not received immunizations. He has not undergone any surgical procedures.

FAMILY HISTORY:

He has a twin brother who has had difficulty walking over the past 2 months as well. His mother had a melanoma that has been excised. His mother and father reportedly both have Hashimoto thyroiditis. There is no family history for neuromuscular weakness, mitochondrial cytopathies for pulmonary hypertension.

SOCIAL HISTORY:

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Printed: 2/24/2022 17:21 MST Page 1,093 of 1,592 **Report Request ID:** 690868431

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**CONSULTATION REPORTS**

The patient lives with his parents and twin brother. His father smokes, but only outside. They only have fish as pets. He has been home schooled since October because he has been refusing to walk. Before that, he was in a 504 plan in kindergarten.

REVIEW OF SYSTEMS:

A complete review of systems was obtained. This was positive for the difficulty ambulating and shortness of breath and chest pain associated with his pulmonary hypertension as noted above in the HPI. Negative for skin rash. Positive for subjective complaints of knee pain. Negative for vomiting or diarrhea. The remainder of the review of systems was reported as negative.

PHYSICAL EXAMINATION:

VITAL SIGNS: Weight 17.98 kg. Temperature 36.7, heart rate 93, and respiratory rate in the mid to high teens, blood pressure 92/50. **GENERAL:** He was a pale-appearing boy who is sitting in his bed in no acute distress. **HEENT:** Exam revealed no ear or eye drainage. **NECK:** Supple. **CHEST:** Revealed no retractions or tachypnea and his lungs is clear to auscultation. **HEART:** Revealed a regular rate and rhythm. **ABDOMEN:** Slightly protuberant, but nontender. **EXTREMITIES:** Revealed no obvious edema. He had fair muscle mass. He refused to ambulate, but could move his arms and legs. **NEUROLOGIC:** Revealed him to have decreased use of his lower extremities. It was difficult to determine how much of that was behavioral versus physical problem.

LABORATORY DATA:

Oxygen saturations while breathing room air have consistently been 95%-100%.

On 12/18, he had a white blood cell count of 7.4 thousand with a differential of 43% neutrophils and 47% lymphs. His ESR was 2, but per Dr. Miga that could be low due to his right heart failure. His serum electrolytes on hospital admission revealed a low bicarbonate level of 13. This was repeated yesterday, and the bicarbonate level had increased to 19; today it is 18.

The patient had an abdominal ultrasound today that showed a normal-appearing liver with no focal abnormalities. There was not a mention of whether he had a normal portal vein pressures.

My interpretation of his chest radiograph from 12/18 is as follows: He had clear lung files bilaterally. He did have a degree of cardiomegaly.

IMPRESSION:

The patient is a 6-year-old boy who over the past several months has had difficulty with ambulation, and was recently diagnosed with pulmonary hypertension is unknown. Yet he seemed to be doing fairly well until several months ago when he developed some knee pain and then failure to ambulate. Then, he presented with right heart failure and rather severe pulmonary hypertension, which has responded nicely to Lasix over the past 48 hours. He is scheduled to undergo cardiac catheterization tomorrow.

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BDMC_KK 121818 001094 cycn

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**CONSULTATION REPORTS**

With respect to his pulmonary hypertension, he does not have any obvious pulmonary cause for it. One cause is hypoxemia from obstructive sleep apnea, but he has not had any overt snoring and he has not had oxygen desaturations at night. He has a low serum bicarbonate level consistent with a metabolic acidosis, but we cannot confirm that he has an acidosis without obtaining a blood gas. If he is acidotic on that blood gas, then that would fit with a primary metabolic acidosis. This would go against chronic CO₂ retention from pulmonary hypertension. Thus, it would be reasonable to obtain a capillary blood gas, preferably in the morning to make sure that he has a normal pH.

Another possible pulmonary cause for pulmonary hypertension is collagen vascular disease. The two that tend to cause pulmonary hypertension are systemic sclerosis and mixed connective tissue disease. Neither one of them is likely in this patient, but it would be worth pursuing at least a partial evaluation for these entities.

There are may be medications and supplements that can contribute to pulmonary hypertension. Per report, he is not taking any supplements, but he does have a somewhat unusual diet. We should continue to keep that in mind as a potential cause for his pulmonary hypertension.

Portopulmonary HTN is seen in some patients with portal vein HTN, so we should make sure he has normal portal vein pressures.

RECOMMENDATIONS:

1. Continue to evaluate the causes for his failure to ambulate. This might be a functional process, but I do not know if we have completely ruled out a physiological cause.
2. At this point, I do not note a primary pulmonary cause for his pulmonary hypertension. I would continue to observe for sleep apnea and oxygen desaturation at night.
3. I would pursue an evaluation/screening tests for systemic sclerosis and mixed connective tissue disease as well as for arteritis.
4. I will look into possible supplements and medications that could cause pulmonary hypertension.
5. Assess portal vein pressures to rule out portopulmonary HTN.
6. At this point, given that there is no significant pulmonary process, I think a CT scan of the chest is somewhat optional, but to be thorough, we could pursue that.
7. The pulmonary service will continue to follow peripherally and get more involved if a pulmonary component becomes more likely.

Edward R. Carter, MD

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Report Request ID: 690868431

BDMC_KK 121818 001095 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**CONSULTATION REPORTS**

ERC:NTS

D:12/20/2018 16:50 MST

T:12/20/2018 17:38 MST

055750/10666664

Cardon Children's Medical Center

cc: Sandra D Buttram MD

Document Name:

.Consultation Report

Result Status:

Auth (Verified)

Signed By:

BANDLA MD,VINAY (12/25/2018 09:25 MST)

Service Date/Time:

12/24/2018 09:10 MST

Initial Consult Pedi GI**Patient:** KAHRAMAN, KENAN TROY **MRN:** 1709723 **FIN:** 86693868**Age:** 6 years **Sex:** Male **DOB:** 09/27/2012**Associated Diagnoses:** None**Author:** BANDLA MD, VINAY**Admission Information****Source of History:** Mother, Medical record.**History of Present Illness**

We were asked to see Kenan in consultation by the hospitalist service, Dr. Stewart, for concerns of malnutrition. He is a 6-year-old little boy known to our clinic. He was last seen in our office by Dr. Bonfante on 4/28/2016 for behavioral changes associated with eating certain foods. CMP showed elevation of uric acid, likely related to high protein diet. Blood work and stool studies were ordered with recommendations to follow up in 1 month, however he did not return to our clinic.

He has a past medical history significant for:

Twin

Autism diagnosed by ADOS test at approximately 22 months of age

Multiple food sensitivities with subsequent behavioral changes

Severely restricted diet

He presented to the ED at CCMC on 12/18/2018 following a 2-month history of inability to walk, 3-week history of chest pain, facial swelling, periodic abdominal pain, and 2 weeks of increasing lethargy. Abdominal ultrasound performed on 12/18/2018 showed ascites and debris in his bladder. ECHO showed right heart failure and pulmonary hypertension. He was admitted to the PICU. He underwent a cardiac cath on 12/21/2018 by Dr. Miga who confirmed pulmonary hypertension. SCAN team was consulted for concerns of neglect. Nutrition

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BDMC_KK 121818 001096 cym

Banner Health

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Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**CONSULTATION REPORTS**

was consulted and he was started on TPN. He was also found to have hypothyroidism and started on Synthroid. I met with him, his mother and father, today's RN, Ana Dominguez, RD, hospitalist Dr. Stewart, and cardiologist Dr. Ravi at the bedside.

In October he fell on his right knee and began complaining of knee pain and became nonambulatory. He was seen by orthopedics at PCH where x-rays were reportedly negative. He was also seen by a neurological physical therapist who diagnosed him with hip and quadracept weakness. CK was normal but sed rate was elevated. EMG, MRI, and rheumatology follow-up were recommended but none were completed due to mother's concern for the need for anesthesia and a long wait for the evaluation. Of note, 2-3 weeks prior to this, his twin brother was also complaining of knee/lower extremity pain and became nonambulatory as well. He was taken out of school by his parents at the end of October due to concerns that his inability to ambulate was due to exposure to toxins at school, specifically dry erase markers. He began complaining of chest pain a month ago. Chest pain was worse at night and mom would check his heart rate and was concerned for some irregularities and possible palpitations. Since the beginning of this month, he has had 3 brief episodes of waking from sleep with abdominal pain, back arching, grinding of his teeth, and a blank stare. During each of these episodes he vomited a liver fluke and passed stool with visible parasites, per mom. Mom felt that these episodes were due to toxins built up in his body and that the emesis and stool were ridding his body of these toxins. He was seen by a naturopath who suggested magnesium supplementation which he has been receiving at home. Mom began noticing that he had intermittent facial, hand, and foot swelling at the beginning of this month. His activity level decreased and he has been napping more within the past 2 weeks. He was taken for a colonic with water on 12/17/2018 due to his symptoms. There was no improvement.

He is on the GAPS diet for leaky gut. He is on a very limited diet at home. He is histamine intolerant. He has to have low salicylate foods so his fruits are peeled. He is not able to tolerate any oils or herbs. He used to eat a whole peeled apple every day but that was too much for him so they were removed from his diet. Mom will now allow him to eat a fourth of an apple at birthday parties or other occasions when cake is being served. She may give him two blueberries as a special treat, but 20 minutes later he will be screaming in pain because he is unable to tolerate fructose. He eats Lamb, broth from Lamb, Lamb bone marrow, beats, carrots, and egg yolk. Everything he eats is homemade and organic. He is able to eat four small meatballs, 1/4 of an egg yolk, and approximately 1 teaspoon of shredded vegetables cooked in lamb broth at a time. He drinks 4 cups of lamb broth per day. He is getting an average of 500 cal/day at home. Per today's bedside RN, mom is restricting his food and water intake despite his complaints of being hungry. RD has been consulted and the plan is to introduce one new food into his diet every day. Mom is considering trialing lentils or small potatoes that contain less amounts of starch for carbohydrates. She has given him half a teaspoon of rutabaga yesterday and today. Calorie counts are being done. His goal is 1500 cal/day. He is on TPN at night for 12 hours. Tube feeds are being considered for supplemental nutrition and mom is in agreement to using Physician's Elemental Diet formula.

He has bowel movements twice a day, every day. It is easy for him to go. Stools are formed and of a good size and consistency. Stools do not contain any visible blood or mucus. He has not had any diarrhea. For the past 2

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Report Request ID: 690868431

BDMC_KK 121818 001097 cycin

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**CONSULTATION REPORTS**

weeks he has been complaining of pain around his rectum. Mom has been performing massage and states that his rectum feels swollen. The swelling decreases once he has a bowel movement but then returns. This has decreased since his admission.

He intermittently complains of generalized abdominal pain when eating and will not want to finish his food. This has been increasing in the past month. Mom has tried homeopathic remedies and castor oil which have helped him to have a bowel movement. He has not complained of any nausea. He has not had any vomiting.

There is no family history of any GI disorders. He has had no sick contacts or recent travel.

He is followed by a PCP who has never seen him in person and manages his care via phone.

His weight is in the 12th percentile. His height is in the 0 percentile. His BMI is in the 78th percentile.

Review of Systems**Constitutional:** Weakness, Decreased activity.**Eye:** Negative.**Ear/Nose/Mouth/Throat:** Negative.**Respiratory:** Negative except as documented in history of present illness.**Cardiovascular:** Negative except as documented in history of present illness.**Gastrointestinal:** Negative except as documented in history of present illness.**Genitourinary:** Negative.**Endocrine:** Negative.**Integumentary:** Negative.**Hematology/Lymphatics:** Negative.**Musculoskeletal:** Negative.**Neurologic:** Negative.**Psychiatric:** Negative.**Histories****Past Medical History**Resolved

None (387958016): Resolved.

Autism (440F4091-C263-460A-8F78-6DF2032D0558): Resolved..

Procedure history

None (387958016)..

Family History:

Mother

Hashimoto thyroiditis

Melanoma..

Comments:

12/20/2018 22:49 - Mendez RN, Kimberly D

Excision

Father

Hashimoto thyroiditis

Grandfather (P)

Heart attack..

Grandmother (P)

Heart attack..

Grandmother (M)

Heart failure..

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Report Request ID: 690868431

BDMC_KK 121818 001098 cych

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

CONSULTATION REPORTS

Social History

Social History (ST)
Social History
 Ongoing or Chronic Pain - Yes 12/20/18 21:23
 Pain is Due to - Muscular/Skeletal 12/20/18 21:23
 Interventions Used/Manage Pain at Home - Other: Homeopathic 12/20/18 21:23
 Support Available to Assist with Care - Parent or guardian 12/19/18 15:50
 Is the Patient Alone? - N/A 12/24/18 10:17 .

Objective

Allergies:

- salicylates (Since:04/09/2015)
 sulfa drugs (Since:)
 Glutens (Since:.)
 Soy (Since:.)
 Milk Products (Since:.)

Medications: Medications

ACTIVE MEDS

Parenteral Nutrition Pediatric 250 mL CYCLED IV Cont Infusion
 Sodium Chloride 0.9% 250 mL 2 mL/hr IV Cont Infusion
 Sodium Chloride 0.9% 250 mL 2 mL/hr IV Cont Infusion
 ethacrynic acid 12.5 mg 0.5 tab Oral Daily
 levothyroxine 37.5 mcg 0.5 tab Oral Daily
 lidocaine (J Tip - Buffered Lidocaine 1%) 2 mg 0.2 mL SubCutaneous On Call
 sildenafil (Sildenafil (Peds)) 20 mg 1 tab Oral Q8H
 acetaminophen (acetaminophen 160 mg/5mL Syr Oral Liq (Peds)) 270 mg 8.44 mL Oral Q6H PRN: Pain - Mild
 acetaminophen (acetaminophen 325 mg rectal suppository (Ped/NICU)) 325 mg 1 supp Rectal Q6H PRN: Pain - Mild
 heparin flush (heparin lock flush) 200 units 2 mL IV Push On Call PRN: Other (see comment)
 lidocaine topical (lidocaine topical 2% jelly (Uroject) (Peds)) 20 mg/mL Topical Once PRN: Other (see comment)
 lidocaine topical (lidocaine topical cream (LMX-4) (Peds)) 1 app Topical PRN: Other (see comment)
 lidocaine-prilocaine topical (EMLA topical cream (Peds)) 1 app Topical PRN: Other (see comment) .

Vital Signs: Last vitals

VITALS

Temp C - 36.7 DegC 12/25/18 07:46
 Temp F - 98.1 Deg F 12/25/18 07:46
 Systolic Blood Pressure - 105 mmHg 12/25/18 07:47
 Diastolic Blood Pressure - 71 mmHg 12/25/18 07:47
 Heart Rate - 88 bpm 12/25/18 07:47
 Respiratory Rate - 19 br/min 12/25/18 07:47
 SpO2 - 100 % 12/25/18 08:41
 Oxygen Flow Rate - 2 L/min 12/25/18 08:41
 Oxygen Therapy - Nasal cannula 12/25/18 08:41

MAX TEMP 24HRS

Temp C - 36.9 DegC 12/25/2018 00:13 .

Intake and Output: Total Intake and Output

I/O - Today

INPUT: 210.00 mL
 OUTPUT: 350.00 mL
 TOTAL I/O: -140.00 mL

I/O - Yesterday

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Printed: 2/24/2022 17:21 MST Page 1,099 of 1,592 **Report Request ID:** 690868431

BDMC_KK 121818 001099 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**CONSULTATION REPORTS**

INPUT: 820.00 mL
OUTPUT: 1250.00 mL
TOTAL I/O: -430.00 mL

I/O - Admission

INPUT: 5643.26
OUTPUT: 8065.00
TOTAL I/O: -2421.74

Physical Examination**General:** Alert and oriented.**Eye:** Pupils are equal, round and reactive to light, Extraocular movements are intact.**HENT:** Normocephalic, Oral mucosa is moist, No pharyngeal erythema.**Respiratory:** Lungs are clear to auscultation, Breath sounds are equal.**Cardiovascular:** Normal rate, Regular rhythm, No murmur.**Gastrointestinal:** Soft, Non-tender, Non-distended, Normal bowel sounds, No organomegaly.**Genitourinary:** No costovertebral angle tenderness.**Lymphatics:** No lymphadenopathy neck, axilla, groin.**Musculoskeletal:** Normal range of motion.**Neurologic:** No focal deficits.**Results Review****Lab Results**Labs**CBC**

WBC	7.4	12/18/18 15:05
RBC	4.55	12/18/18 15:05
HGB	13.9	12/18/18 15:05
HCT	41.7	12/18/18 15:05
MCHC	33.3	12/18/18 15:05
MCV	92	12/18/18 15:05
Platelet	151	12/18/18 15:05
Differential Method	Automated	12/18/18 15:05

BMP

Sodium	136	12/25/18 04:19
Potassium	4.1	12/25/18 04:19
Chloride	101	12/25/18 04:19
CO2	27	12/25/18 04:19
Glucose Level	76	12/25/18 04:19
BUN	37.4	12/25/18 04:19
Creatinine	0.34	12/25/18 04:19

Other

Magnesium	2.4	12/25/18 04:19
Calcium	8.9	12/25/18 04:19
Albumin	3.4	12/25/18 04:19
Alkaline Phos	64	12/25/18 04:19
AST	32	12/25/18 04:19

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Printed: 2/24/2022 17:21 MST Page 1,100 of 1,592 **Report Request ID:** 690868431

BDMC_KK 121818 001100 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**CONSULTATION REPORTS**

ALT	40	12/25/18 04:19
Bilirubin Total	0.4	12/25/18 04:19
APTT	25.6	12/18/18 13:25
INR	1.3	12/18/18 13:25
Protime	14.8	12/18/18 13:25

Cardiac Enzymes

CK, Total	170	12/19/18 18:30
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Interpretation of ResultsMedical Imaging (ST)**No Radiology Results In 36hr Time Frame****Assessment****Diagnosis**

Acute right heart failure (Acute right heart failure, I50.811)
Failure to thrive (child) (Failure to thrive (child), R62.51)
Anasarca (Generalized edema, R60.1)
Right ventricular dysfunction (Heart disease, unspecified, I51.9)
Ketotic hypoglycemia (Other hypoglycemia, E16.1)
Lower extremity weakness (Other symptoms and signs involving the musculoskeletal system, R29.898)
Pleural effusion (Pleural effusion, not elsewhere classified, J90)
Pulmonary hypertension (Pulmonary hypertension, unspecified, I27.20)
Retarded development following protein-calorie malnutrition (Retarded development following protein-calorie malnutrition, E45)
Unspecified severe protein-calorie malnutrition (Unspecified severe protein-calorie malnutrition, E43).

Plan

Plan: Kenan is a 6 yo twin male with autism, multiple reported food "sensitivities" with severely restricted diet, who presented on 12/18 with 2 mo inability to walk, 3 weeks of chest pain, facial swelling and periodic abdominal pain, and 2 weeks of increasing lethargy. Dx by cath with pulmonary hypertension, responsive to oxygen and iNO. SCAN team consulted for concerns for neglect and been following him. Also Nutrition consulted and he was started on TPN. He continues to refuse NC and has been getting ventimask for his O2. He was also found to have hypothyroidism and started on synthroid. Although kids with autism do have increased food sensitivities Kenan seems to be malnourished due to severe dietary restriction based on moms suspicions and research. No evidence to support "leaky gut" theory in the literature. Would need to assess him completely with EGD/Colon in the future as an outpatient to rule out any true food allergies.

Pre-albumin, zinc, iron, vitamin D, phosphorus, stool elastase

Agree with caloric goal of 1500 per day

Work with RD to come up with nutritional plan within reason based on elimination of foods that he is most sensitive to

Supplement with po elemental formula as needed

Wean TPN as PO intake increases with goal to come off TPN within 1-2 days

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Report Request ID: 690868431

BDMC_KK 121818 001101 cycn

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**CONSULTATION REPORTS**

Document Name: .Consultation Report
Result Status: Modified
Signed By: BANDLA MD,VINAY (12/25/2018 08:35 MST); WOODS NP,
CHRISTINA L (12/24/2018 15:30 MST)
Service Date/Time: 12/24/2018 15:30 MST

Addendum by BANDLA MD, VINAY on December 25, 2018 08:35:36 MST

Please refer to my note

Chief Complaint

Pt. with increased lethargy, swelling to face and hands interm per mom. pt. not wanting to walk. mom states pt. with decreased urine output and decreased BM per his normal. No immunizations per mom

Patient Information

Name: KAHRAMAN, KENAN TROY Age: 6 Years DOB: 09/27/2012
Sex: Male

Reason for Consultation

Malnutrition

Consults Ordered and Requesting Physician

Consult to: Pediatric Endo & Metab| Start Date/Time: 12/18/18 20:15:00 MST |
Ordering Provider: BUTTRAM, SANDRA DW
Consult to: Pediatric Neurology| Start Date/Time: 12/18/18 23:09:00 MST |
Ordering Provider: BUTTRAM, SANDRA DW
Consult to: Pediatric Gastroenterology| Start Date/Time: 12/23/18 12:08:00
MST | Ordering Provider: YOON MD, EUNICE

History of Present Illness

We were asked to see Kenan in consultation by the hospitalist service, Dr. Stewart, for concerns of malnutrition. He is a 6-year-old little boy known to our clinic. He was last seen in our office by Dr. Bonfante on 4/28/2016 for behavioral changes associated with eating certain foods. CMP showed elevation of uric acid, likely related to high protein diet. Blood work and stool studies were ordered with recommendations to follow up in 1 month, however he did not return to our clinic.

He has a past medical history significant for:

Twin

Autism diagnosed by ADOS test at approximately 22 months of age
Multiple food sensitivities with subsequent behavioral changes
Severely restricted diet

He presented to the ED at CCMC on 12/18/2018 following a 2-month history of inability to walk, 3-week history of chest pain, facial swelling, periodic

Problem List/Past Medical History

Ongoing
No qualifying data
Historical
Autism
None

Procedure/Surgical History

• None

Medications

Inpatient
acetaMINOPHEN 160 mg/5mL Syr
Oral Liq (Peds), 270 mg= 8.44 mL,
15 mg/kg, Oral, Q6H, PRN
acetaMINOPHEN 325 mg rectal
suppository (Ped/NICU), 325 mg= 1
supp, Rectal, Q6H, PRN
EMLA topical cream (Peds), 1 app,
Topical, PRN, PRN
ethacrynic acid, 12.5 mg= 0.5 tab,
Oral, Daily
heparin lock flush, 200 units= 2 mL,
IV Push, On Call, PRN
J Tip - Buffered Lidocaine 1%, 2 mg=
0.2 mL, SubCutaneous, On Call
levothyroxine, 37.5 mcg= 0.5 tab,
Oral, Daily
lidocaine topical 2% jelly (Uroject)
(Peds), 20 mg/mL, Topical, Once,
PRN
lidocaine topical cream (LMX-4)
(Peds), 1 app, Topical, PRN, PRN
Parenteral Nutrition Pediatric 250 mL,
250 mL, IV Cont Infusion
SILdenafil (Peds), 20 mg= 1 tab, Oral,
Q8H

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Report Request ID: 690868431

BDMC_KK 121818 001102 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**CONSULTATION REPORTS**

abdominal pain, and 2 weeks of increasing lethargy. Abdominal ultrasound performed on 12/18/2018 showed ascites and debris in his bladder. ECHO showed right heart failure and pulmonary hypertension. He was admitted to the PICU. He underwent a cardiac cath on 12/21/2018 by Dr. Miga who confirmed pulmonary hypertension. SCAN team was consulted for concerns of neglect. Nutrition was consulted and he was started on TPN. He was also found to have hypothyroidism and started on Synthroid.

I met with him, his mother and father, today's RN, Ana Dominguez, RD, hospitalist Dr. Stewart, and cardiologist Dr. Ravi at the bedside.

In October he fell on his right knee and began complaining of knee pain and became nonambulatory. He was seen by orthopedics at PCH where x-rays were reportedly negative. He was also seen by a neurological physical therapist who diagnosed him with hip and quadracept weakness. CK was normal but sed rate was elevated. EMG, MRI, and rheumatology follow-up were recommended but none were completed due to mother's concern for the need for anesthesia and a long wait for the evaluation. Of note, 2-3 weeks prior to this, his twin brother was also complaining of knee/lower extremity pain and became nonambulatory as well. He was taken out of school by his parents at the end of October due to concerns that his inability to ambulate was due to exposure to toxins at school, specifically dry erase markers. He began complaining of chest pain a month ago. Chest pain was worse at night and mom would check his heart rate and was concerned for some irregularities and possible palpitations. Since the beginning of this month, he has had 3 brief episodes of waking from sleep with abdominal pain, back arching, grinding of his teeth, and a blank stare. During each of these episodes he vomited a liver fluke and passed stool with visible parasites, per mom. Mom felt that these episodes were due to toxins built up in his body and that the emesis and stool were ridding his body of these toxins. He was seen by a naturopath who suggested magnesium supplementation which he has been receiving at home. Mom began noticing that he had intermittent facial, hand, and foot swelling at the beginning of this month. His activity level decreased and he has been napping more within the past 2 weeks. He was taken for a colonic with water on 12/17/2018 due to his symptoms. There was no improvement.

He is on the GAPS diet for leaky gut. He is on a very limited diet at home. He is histamine intolerant. He has to have low salicylate foods so his fruits are peeled. He is not able to tolerate any oils or herbs. He used to eat a whole peeled apple every day but that was too much for him so they were removed from his diet. Mom will now allow him to eat a fourth of an apple at birthday parties or other occasions when cake is being served. She may give him two blueberries as a special treat, but 20 minutes later he will be screaming in pain because he is unable to tolerate fructose. He eats Lamb, broth from Lamb, Lamb bone marrow, beats, carrots, and egg yolk. Everything he eats is homemade and organic. He is able to eat four small meatballs, 1/4 of an egg yolk, and approximately 1 teaspoon of shredded vegetables cooked in lamb broth at a time. He drinks 4 cups of lamb broth per day. He is getting an average of 500 cal/day at home. Per today's bedside RN, mom is restricting his food and water intake despite his complaints of being hungry. RD has been consulted and the plan is to introduce one new food into his diet every day. Mom is considering trialing lentils or small potatoes that contain less amounts of starch for carbohydrates. She has given him half a

Sodium Chloride 0.9% 250 mL, 250 mL, IV Cont Infusion
Sodium Chloride 0.9% 250 mL, 250 mL, IV Cont Infusion

Home

No active home medications

Allergies

Glutens (GI issues)
Milk Products (GI Symptoms)
Soy (GI issues)
sulfa drugs
salicylates

Social HistoryAlcohol

Household alcohol concerns: No., 12/20/2018

Home/Environment

Lives with: Mother, Father, Siblings.
Home equipment: Wheelchair.
Alcohol abuse in household: No.
Substance abuse in household: No.
Smoker in household: Yes., 12/20/2018

Nutrition/Health

Diet description: GAPS diet, patient only eats lamb meatballs, broth, carrots, beets, water. Type of diet: GAPS., 12/20/2018

Substance Abuse

Household substance abuse concerns: No., 12/20/2018

Tobacco

Exposure to secondhand smoke: No., 12/20/2018

Family History

Hashimoto thyroiditis: Mother and Father.
Heart attack...: Grandfather (P) and Grandmother (P).
Heart defect, congenital...: Negative: Brother.
Heart failure...: Grandmother (M).
Melanoma...: Mother.

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Report Request ID: 690868431

BDMC_KK 121818 001103 cync

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**CONSULTATION REPORTS**

teaspoon of rutabaga yesterday and today. Calorie counts are being done.

His goal is 1500 cal/day. He is on TPN at night for 12 hours. Tube feeds are being considered for supplemental nutrition and mom is in agreement to using Physician's Elemental Diet formula.

He has bowel movements twice a day, every day. It is easy for him to go. Stools are formed and of a good size and consistency. Stools do not contain any visible blood or mucus. He has not had any diarrhea. For the past 2 weeks he has been complaining of pain around his rectum. Mom has been performing massage and states that his rectum feels swollen. The swelling decreases once he has a bowel movement but then returns. This has decreased since his admission.

He intermittently complains of generalized abdominal pain when eating and will not want to finish his food. This has been increasing in the past month. Mom has tried homeopathic remedies and castor oil which have helped him to have a bowel movement. He has not complained of any nausea. He has not had any vomiting.

There is no family history of any GI disorders. He has had no sick contacts or recent travel.

He is followed by a PCP who has never seen him in person and manages his care via phone.

His weight is in the 12th percentile. His height is in the 0 percentile. His BMI is in the 78th percentile.

Review of Systems

Constitutional: _ Negative except HPI

Eye: _ Negative except HPI

ENMT: _ Negative except HPI

Respiratory: _ Negative except HPI

Cardiovascular: _ Negative except HPI

Gastrointestinal: _ Negative except HPI

Genitourinary: _ Negative except HPI

Hema/Lymph: _ Negative except HPI

Endocrine: _ Negative except HPI

Musculoskeletal: _ Negative except HPI

Integumentary: _ Negative except HPI

Neurologic: _ Negative except HPI

Psychiatric: _ Negative except HPI

Immunologic/Allergic: _ Negative except HPI

Physical Exam**Vitals & Measurements****T:** 36.6 °C **HR:** 109 **RR:** 27 **BP:** 113/79 **SpO2:** 99%**HT:** 96.5 cm **WT:** 17.7 kg **BMI:** 19.31**Other Vitals**

-SpO2 details-

Oxygen Flow Rate: 2 L/min

General: _Alert, no acute distress.

Eye: _normal conjunctiva.

HENT: _Normocephalic, normal hearing, moist oral mucosa, no scleral icterus.

Neck: _Non-tender.

Lungs: _Clear to auscultation, non-labored respiration.

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Report Request ID: 690868431

BDMC_KK 121818 001104 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**CONSULTATION REPORTS**

Heart: _Normal rate, regular rhythm, no murmur, gallop or edema.
Abdomen: _Tender, firm RUQ, distended, normal bowel sounds, no masses.
Musculoskeletal: _Normal range of motion and strength, no tenderness or swelling.
Skin: _Skin is warm, dry, pale, no rashes or lesions.
Neurologic: _Awake, alert.
Psychiatric: _Flat affect.

Assessment/Plan

1. Pulmonary hypertension
2. Right ventricular dysfunction
3. Acute right heart failure
Anasarca
Failure to thrive (child)
Ketotic hypoglycemia
Lethargy
Low blood sugar
Lower extremity weakness
Pleural effusion
Retarded development following protein-calorie malnutrition
Unspecified severe protein-calorie malnutrition
Plan:
Labs - Pre-albumin, zinc, iron, vitamin D, phosphorus, stool elastase
Diet with or without formula per RD's recs to reach calorie goal of 1500 per day
Wean TPN as PO intake increases

Dr. Bandla to follow

Coded Diagnoses

Acute right heart failure (Acute right heart failure, I50.811)
Failure to thrive (child) (Failure to thrive (child), R62.51)
Anasarca (Generalized edema, R60.1)
Right ventricular dysfunction (Heart disease, unspecified, I51.9)
Ketotic hypoglycemia (Other hypoglycemia, E16.1)
Lower extremity weakness (Other symptoms and signs involving the musculoskeletal system, R29.898)
Pleural effusion (Pleural effusion, not elsewhere classified, J90)
Pulmonary hypertension (Pulmonary hypertension, unspecified, I27.20)
Retarded development following protein-calorie malnutrition (Retarded development following protein-calorie malnutrition, E45)
Unspecified severe protein-calorie malnutrition (Unspecified severe protein-calorie malnutrition, E43)

PROGRESS NOTES

Document Name:

Result Status:

Signed By:

Service Date/Time:

Nurses Notes

Auth (Verified)

Mendez RN,Kimberly D (12/19/2018 23:40 MST)

12/19/2018 23:29 MST

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* = Abnormal

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f = Footnote

Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001105 cych

Banner Health
 BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

CASE MANAGEMENT

Clark, Gabriella - 01/03/2019 14:25 MST

Instructions/Recommendations

Discharge Recommendation CM Summary : Your oxygen company is Preferred Homecare 480-446-9010. Please contact them as soon as you arrive home to arrange delivery of your concentrator.

DME Outpatient PT Order : Order
DME Outpatient PT Indication : Gait disturbance
DME Outpatient PT Specification : Evaluate and treat

Clark, Gabriella - 01/03/2019 14:25 MST

NUTRITION DOCUMENTS

Document Name:	Nutritional Assessment - Pediatric
Result Status:	Auth (Verified)
Signed By:	Manz RD,Lindsey N (12/19/2018 15:14 MST)
Service Date/Time:	12/19/2018 15:14 MST

Nutritional Assessment - Pediatric Entered On: 12/19/2018 16:54 MST
Performed On: 12/19/2018 15:14 MST by Manz RD, Lindsey N

Subjective

Peds Home Diet : "GAPS" diet Phase 1

Peds Appetite : Good

Weight Change Prior to Admission : No

Peds Referral From : Physician order

Peds Referral Comment : suspected severe PCM

Subjective Nutrition Comments : NFPA: pt appears the stature of a 4 year old, skin is very pale, dark circles under eyes, there is a red patch on the L forearm that is smooth and does not appear irritated, dryness and scaling to skin on the upper abd, and a raised red rash R side of the torso, gums are not bleeding, tongue is normal in color, hair is thinner than normal for age and feels coarse, lower extremities are edematous, pt does not have full ROM in the legs and quadracep cannot be examined, difficult to assess LBM and adipose status due to edema, fingernails are unremarkable. Mom, Dad, and Grandma are present during RD visit. Dad and Grandma refrained from speaking during visit. Mom reports:

- endorsed that Kenan is on "phase 1 of the GAPS diet" because he was not able to advance
- eats new Zealand lamb shank, broth and marrow from this, occasional small bites of egg yolk, occasional small amounts of shredded carrot or beet in amounts of about 1tsp
- cannot tolerate other foods: small amounts might be ok once or twice, but then there is a reaction that my consist of facial swelling, behavioral changes, and an itchy red eye from repeated food exposure or exposure to other foods of the same type
- consults with a "GAPS certified" provider out of Atlanta - this provider is aware that the child has been on phase 1 of the diet x 3 years
- unwilling to give any foods from the kitchen here because they are not organic and will be full of pesticides and toxins
- does not want to confuse medication reactions with food reactions, child is already having a hard time and is reacting to all of the medications being provided here

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Printed: 2/24/2022 17:21 MST Page 1,140 of 1,592 **Report Request ID:** 690868431

BDMC_KK 121818 001140 cync

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**NUTRITION DOCUMENTS**

- they do not see an allergist, do not do structured food challenges at home.
- child has not had allergy testing because "that will only identify allergies, not intolerances and Kenan has severe intolerances"
- twin brother at home is on the same diet, he is not as sensitive as Kenan to foods and can take small amounts of Ghee, but is not often given this because if he brother sees him eating other foods, he [Kenan] would want to eat them too.
- unwilling to give a MVI because the binding agents in the pills will feed the pathogens and damage his gut
- they do not use supplements at home because he will not tolerate them
- will be willing to try expanding the diet, does not think that Kenan will be able to tolerate any other foods. Mom wants to be involved and have control over what foods are trialed.
- was involved in sports like karate, now can no longer walk

Of note, Mother was seen eating a salad with meat, cheese and vegetables
Discussed with Intensivist.

Manz RD, Lindsey N - 12/19/2018 15:14 MST

Objective

Peds NS Medical Diagnosis : heart failure
anasarca

pulmonary hypertension

Peds NS Medical History : autism

food sensitivities

Knee / lower extremity pain since Oct 2018, now non-ambulatory

ST Admit Weight 1 :

Admission Weight

17.98kg Date: 12/18/18 11:46

Most Recent Weight

18.2kg Date: 12/18/18 17:51

Height/Length

96.5cm Date: 12/18/18 15:39

Head Circumference

BMI (3+ years of age)

19.31 Date: 12/18/18 15:39

Peds NS Average Weight Change : 202g wt difference 2/18 related to fluids vs different scales

Peds NS Measurement Comments : No previous encounters within the past 2 years

Intake and Output Past 24 hours :

I / O TOTAL Yesterday

INPUT: 408.80

OUTPUT: 1470.00

TOTAL I/O: -1061.20

Stool Output Past 24 Hours :

Stool Output LAST 24HRS

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Report Request ID: 690868431

BDMC_KK 121818 001141 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**NUTRITION DOCUMENTS**

None

Emesis Output Past 24 Hours :

Emesis Output LAST 24HRS

none

Peds NS Patient Sex : Male*Peds NS Chronological Age :* 6 years, 2 months*Peds NS Clinical Symptoms :* lower extremity pain / weakness

edema

afebrile

palor

Manz RD, Lindsey N - 12/19/2018 15:14 MST

CDC Growth Charts- Grid

<i>Weight/Age % :</i>	11%ile (Comment: wt is exaggerated d/t anasarca [Manz RD, Lindsey N - 12/19/2018 15:14 MST])
<i>Ht/Length/Age % :</i>	0%ile z-score = -3.88 stunting
<i>BMI/Age % :</i>	97%ile z-score = 1.91 *inaccurate d/t anasarca
	Manz RD, Lindsey N - 12/19/2018 15:14 MST

Peds NS Growth Chart Comment : plotted on CDC boys charts*Current Labs :* BG 56-93

K 3.4[L], Cl 98, CO2 19[L]

Ca 8.6[L], ALB 3.6

CRP <0.6, PALB 10[L]

Cholesterol 241 [H]

T4 0.56[L] TSH 11.16[H]

H&H wnl

Nutritional Pertinent Medications : ethacrynic acid

lasix x 1 dose today

Milrinone

Current Nutrition Order : ACTIVE NUTRITION ORDERS

Diet Order Pediatric - Adhoc Frequency Instance - ,Next Dose Dt Tm -12/18/18 19:28:00 MST ,Diet Type (Peds)

-REGULAR PED , 12/18/18 19:28

NS Food Allergy - Adhoc Frequency Instance - ,Next Dose Dt Tm -12/19/18 7:38:00 MST ,Diet NS Food Allergy -Milk

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Report Request ID: 690868431

BDMC_KK 121818 001142 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**NUTRITION DOCUMENTS**

Products/Dairy , 12/19/18 07:38

NS Food Allergy - Adhoc Frequency Instance - ,Next Dose Dt Tm -12/19/18 7:40:00 MST ,Diet NS Food Allergy -Gluten , 12/19/18 07:40

NS Food Allergy - Adhoc Frequency Instance - ,Next Dose Dt Tm -12/19/18 7:41:00 MST ,Diet NS Food Allergy -Not Listed - Use NS Message ,Diet NS Food Allergy -Cinnamon ,Diet NS Food Allergy -Soy ,Diet NS Food Allergy -Sulfites ,Diet NS Food Allergy -Eggs , 12/19/18 07:41

NS Nutrition Message - Adhoc Frequency Instance - ,Next Dose Dt Tm -12/19/18 7:44:00 MST ,Special Instructions Expanded -no plant based oils , 12/19/18 07:44

*Current IV Fluid Orders :***IV FLUID ORDERS**

milrinone 20 mg [0.25 mcg/kg/min] + premix 100 mL (milrinone additive 20 mg [0.25 mcg/kg/min] + premix dextrose 5% in water 100 mL) 1.35 mL/hr IV Cont Infusion

potassium CHLORIDE 1,000 mL (Dextrose 5% NaCl 0.45% + KCL 20 mEq/L 1,000 mL) 54 mL/hr IV Cont Infusion

Current Nutritional Support Order : None

Manz RD, Lindsey N - 12/19/2018 15:14 MST

Assessment*Peds Est. Enteral Kcal Needs/kg :* 67*Peds Est. Enteral Protein Needs/kg :* 1.5
malnutrition*Peds Est. Enteral Fluid Needs mL/kg :* volume sensitivity, fluids per intensivist*Peds Nutrition Calculation Weight :* 17.98 kg*Peds Nutrition Weight Type :* Admit weight*Peds NS Nutrition Sources :* Intravenous fluids*Peds NS Nutrition Needs Comment :* IVFs @ 30ml/h provide 720ml volume per day, 122kcal*Kcal/kg :* 7 Kcal/kg*Gm Prot/kg :* 0*mL Fluid/kg :* 40 mL/kg*Peds Nutrition Free Water/Total Fluid :* Total fluid*Peds NS Nutrition Acute (wasting) :* N/A

(Comment: unable to assess, weight increased d/t anasarca [Manz RD, Lindsey N - 12/19/2018 15:14 MST])

Peds NS Nutrition Chronic (stunting) : Severe

(Comment: 83% of ht for age at 50th%ile [Manz RD, Lindsey N - 12/19/2018 15:14 MST])

Peds NS Growth Velocity : goals for gains (to be measured after anasarca has resolved) of 6.5g per day*Assessment Nutrition Comments :* IVFs will meet 10% esimated energy needs.

Pt with severe malnutrition due to dietary restrictions. Majority of all nutritional intake comes from New Zealand lamb shanks, marrow, and broth. This is nutritionally inadequate even if daily kcal needs are being met.

Pt has physical findings suggestive of multiple micronutrient deficits. Recommend testing levels of the following

Zn - hair thinner than expected for age, severe stunting (diet may provide RDI of Zn for age)

EFA - lack luster hair, abnormal dryness to skin on abdomen/trunk

Biotin - hair thinner than expected for age, psoriasis-like skin patch

Niacin - reported eye inflammation and redness at home, darkness under eyes

riboflavin - reported eye inflammation and redness at home, darkness under eyes

vit B6 - reported eye inflammation and redness at home, darkness under eyes, weakness

folate - palor, fatigue

Vit C- palor, red patch under the skin on forearm, b/l edema, weakness,

vit K - red patch under the skin

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Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001143 cycin

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHARAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**NUTRITION DOCUMENTS**

vitamin A - abnormal dryness to skin on abdomen/trunk, flakiness to abd skin
thiamin - whole body edema, reported concentration/behavioral changes at home
vitamin D - joint pain, weakness
vitamin E - unable to walk
Manganese - poor growth

Mother does not seem aware of the severity of pt's nutritional status and has feelings of resistance to expanding the diet and providing pt with micronutrient supplements.

Reported diet contains virtually zero vitamin A, C, or D, very low levels of thiamin, riboflavin, niacin, B6, EFAs, vitamin E, and is high in cholesterol.

Pt's diet has been unchanged x 3 years, will expect some degree of GI upset initially when foods with different macronutrient composition are added, will suggest to trial small portions at a time.

There will need to be a long term plan in place including regular outpatient monitoring for food challenges and diet advancement. The twin brother will also have to be involved in the outpatient care.

Manz RD, Lindsey N - 12/19/2018 15:14 MST

Plan

Peds NS Plan and Interventions : Calorie count initiated, Diet/nutrition education ongoing, Monitor input and output, Monitor nutritionally pertinent labs, Monitor tolerance and transition to PO feeding, Monitor weights/growth trends, Recommend diet changes, Recommend multivitamin/mineral supplement, Recommend follow up with outpatient Registered Dietitian

Peds NS Nutrition Goals/Interventions : see IPOC: nutrition deficit

Recommendations:

- daily pediatric MVI with minerals daily
- additional B-complex + vit C daily until suspected deficits are repleted
- vitamin D3 supplement daily
- suggest vitamin studies:
 - whole blood: thiamin, riboflavin, vit B6/folate, biotin, manganese, vitamin E
 - Plasma study: vitamin A, vitamin D, vitamin K,
 - urine: niacin
- Add 1 new food from acceptable "GAPS" list daily, allow mother to be involved in food selection. Initiate with small amounts, and increase as tolerated
- long term outpatient nutritional care for diet advancement and food challenges with pt and twin

Physician Name : ANDROUTSOPOULOU MD, GEORGIA

Peds NS Discussed Plan/Goals With : Family member, Provider

Manz RD, Lindsey N - 12/19/2018 15:14 MST

Education

Responsible Learner Present for Session : Mother

Barriers to Learning : Cognitive Deficits, Health literacy

Teaching Method : Explanation

Additional Session Learner/s Present : Father

Home Caregiver Present for Session : Yes

Time Spent teaching (minutes) : 10 minutes

Manz RD, Lindsey N - 12/19/2018 15:14 MST

Education Nutrition GRID

Nutrition other : Verbalizes understanding

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Report Request ID: 690868431

BDMC_KK 121818 001144 cyncn

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

NUTRITION DOCUMENTS

Manz RD, Lindsey N - 12/19/2018 15:14 MST

Instructions/Recommendations

Discharge Recommendation NS Summary : Kenan will need regular long term follow up with a Registered Dietitian.

Manz RD, Lindsey N - 12/19/2018 15:14 MST

Document Name:	Nutritional Follow Up - Communication
Result Status:	Modified
Signed By:	Dominguez RD,Ana (12/20/2018 15:20 MST); Dominguez RD,Ana (12/20/2018 15:18 MST)
Service Date/Time:	12/20/2018 15:18 MST

Nutritional Follow Up - Communication Entered On: 12/20/2018 15:19 MST
Performed On: 12/20/2018 15:18 MST by Dominguez RD, Ana

Nutrition Follow Up/Communication

Nutrition Communications : Discussed during bedside rounds.

Calorie count to start today. Parents to show nursing foods provided to patient and nursing to record quantity of food items consumed by patient.

Mother instructed to provide list of foods patient is able to tolerate to better balance diet with foods or supplemental nutrition.

Diet tech to provide calorie count sheets.

Dominguez RD, Ana - 12/20/2018 15:20 MST

~~{ Discussed during bedside rounds.
 Mom provided information regarding alternate product for TF
 } — previously charted by Dominguez RD, Ana at 12/20/2018 15:18 MST};~~

Document Name:	Nutritional Follow Up - Communication
Result Status:	Modified
Signed By:	Chacon,Tracey C (12/22/2018 09:48 MST); Chacon,Tracey C (12/22/2018 09:30 MST); Chacon,Tracey C (12/21/2018 07:46 MST)
Service Date/Time:	12/21/2018 07:46 MST

Nutritional Follow Up - Communication Entered On: 12/21/2018 8:00 MST
Performed On: 12/21/2018 7:46 MST by Chacon, Tracey C

Nutrition Follow Up/Communication

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Printed: 2/24/2022 17:21 MST Page 1,145 of 1,592 **Report Request ID:** 690868431

BDMC_KK 121818 001145 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**NUTRITION DOCUMENTS**

Nutrition Communications : Yesterday's calorie count sheet provided by RN. Mom had filled out sheet and nutrition information for meatballs is not verifiable via a food nutrition label. Per mom's documentation from yesterday, pt ate a total of 13 lamb meatballs (3/4 lb), 1/4 C shredded beets and 1/4 C shredded carrots cooked in broth, 1 T bone marrow. Mom calculated this to total: 1118 calories, 56 g protein, 92 g fat. This is an est 92% kcal and 215% protein needs. She also calculated potassium in lamb, beets and carrots to be a total of 963 mg. To verify data, using USDA database for nutrition analysis, mom's estimates appear to be accurate. Did not analyze any other micronutrients. Calorie count continues.

Addendum: Meatballs weighed, cooked, using USDA database for cooked ground lamb. Three meatballs weigh 49 gms. Each meatball averages 16.3 g, 46 kcal, 4 g protein. Yesterday's calorie count recalculated and calories from 13 mealballs is 600 calories and 52 grams protein.

Chacon, Tracey C - 12/22/2018 9:48 MST

~~{ Yesterday's calorie count sheet provided by RN. Mom had filled out sheet and nutrition information for meatballs is not verifiable via a food nutrition label. Per mom's documentation from yesterday, pt ate a total of 13 lamb meatballs (3/4 lb), 1/4 C shredded beets and 1/4 C shredded carrots cooked in broth, 1 T bone marrow. Mom calculated this to total: 1118 calories, 56 g protein, 92 g fat. This is an est 92% kcal and 215% protein needs. She also calculated potassium in lamb, beets and carrots to be a total of 963 mg. To verify data, using USDA database for nutrition analysis, mom's estimates appear to be accurate. Did not analyze any other micronutrients. Calorie count continues.~~

~~Addendum: Meatballs weighed, cooked, using USDA database for Serine ground lamb. Three meatballs weigh 49 gms. Each meatball averages 16.3 g, 46 kcal, 4 g protein. Yesterday's calorie count recalculated and calories from 13 mealballs is 600 calories and 52 grams protein.~~

~~}—previously charted by Chacon, Tracey C at 12/22/2018 9:30 MST};~~

~~{ Yesterday's calorie count sheet provided by RN. Mom had filled out sheet and nutrition information for meatballs is not verifiable via a food nutrition label. Per mom's documentation from yesterday, pt ate a total of 13 lamb meatballs (3/4 lb), 1/4 C shredded beets and 1/4 C shredded carrots cooked in broth, 1 T bone marrow. Mom calculated this to total: 1118 calories, 56 g protein, 92 g fat. This is an est 92% kcal and 215% protein needs. She also calculated potassium in lamb, beets and carrots to be a total of 963 mg. To verify data, using USDA database for nutrition analysis, mom's estimates appear to be accurate. Did not analyze any other micronutrients. Calorie count continues.~~

~~}—previously charted by Chacon, Tracey C at 12/21/2018 7:46 MST};~~

Document Name:

Nutritional Follow Up - Communication

Result Status:

Modified

Signed By:

Chacon, Tracey C (12/22/2018 09:48 MST); Chacon, Tracey C (12/22/2018 09:43 MST)

Service Date/Time:

12/22/2018 09:43 MST

Nutritional Follow Up - Communication Entered On: 12/22/2018 9:48 MST**Performed On: 12/22/2018 9:43 MST by Chacon, Tracey C****Nutrition Follow Up/Communication**

Nutrition Communications : Day 2 calorie count results. Pt ate 12 lamb meatballs, 3 tsp beets and 3 tsp carrots, 10 tsp bone marrow. Each meatball is an estimated 4 g protein and 46.2 calories using USDA nutrition analysis website. Unable to calculate nutrition from bone marrow as this information is not available on USDA nutrition analysis website. Estimated intake from yesterday, without marrow, was 578 kcal and 48 g protein. This is an estimated 48% kcal and 184% protein

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Report Request ID: 690868431

BDMC_KK 121818 001146 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**NUTRITION DOCUMENTS**

needs. Calorie count continues.

Chacon, Tracey C - 12/22/2018 9:48 MST

~~{ [Day 2 calorie count results. Pt ate 12 lamb meatballs, 3 tsp beets and 3 tsp carrots, 10 tsp bone marrow. Each meatball is an estimated 4 g protein and 46.2 calories using . Unable to calculate nutrition from bone marrow as this information is not available on USDA nutrition analysis website. Estimated intake from yesterday, without marrow, was 578 kcal and 48 g protein. This is an estimated 48% kcal and 184% protein needs. Calorie count continues.] — previously charted by Chacon, Tracey C at 12/22/2018 9:43 MST};~~

Document Name:

Nutritional Follow Up - Communication

Result Status:

Modified

Signed By:

Chacon, Tracey C (12/23/2018 13:16 MST); Chacon, Tracey C (12/23/2018 07:46 MST)

Service Date/Time:

12/23/2018 07:46 MST

Nutritional Follow Up - Communication Entered On: 12/23/2018 7:48 MST**Performed On: 12/23/2018 7:46 MST by Chacon, Tracey C****Nutrition Follow Up/Communication**

Nutrition Communications : Calorie count results day 3. Pt ate 22 meatballs, 3 tsp beets, 3 tsp carrots, 2 tsp broccoli, 10 g marrow (nutritional information provided by mom, 79 kcal) which provided an estimated 1110 kcal and 88 g protein.

Calorie count continues.

Chacon, Tracey C - 12/23/2018 13:16 MST

~~{ [Calorie count results day 3. Pt ate 22 meatballs, 3 tsp beets, 3 tsp carrots, 2 tsp broccoli, 10 g marrow (nutritional information provided by mom, 79 kcal) which provided an estimated 1110 kcal and 88 g protein.~~

~~End calorie count.~~~~] — previously charted by Chacon, Tracey C at 12/23/2018 7:46 MST};~~

Document Name:

Nutritional Follow Up - Communication

Result Status:

Modified

Signed By:

Dominguez RD, Ana (12/23/2018 13:12 MST); Dominguez RD, Ana (12/23/2018 13:01 MST); Dominguez RD, Ana (12/23/2018 12:58 MST); Dominguez RD, Ana (12/23/2018 12:41 MST)

Service Date/Time:

12/23/2018 12:41 MST

Nutritional Follow Up - Communication Entered On: 12/23/2018 12:54 MST**Performed On: 12/23/2018 12:41 MST by Dominguez RD, Ana**

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Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001147 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**NUTRITION DOCUMENTS****Nutrition Follow Up/Communication****Pharmacist :** Guthrie RPh, Emily**Physician Name :** YOON MD, EUNICE

Dominguez RD, Ana - 12/23/2018 13:01 MST

Nutrition Communications : 6 y.o. male presents with severe pulmonary HTN, (R) ventricular dysfunction, (R) heart failure, acute systolic & diastolic, malnutrition secondary to parental determined restrictive diet, chronic GI issues, S/P cardiac catheterization 12/21, hypothyroidism, autism, progressive weakness & inability to walk. Discussed during bedside rounds. Mom introduced broccoli yesterday, plan to introduce another food item (preferably CHO food), mom agreeable will provide new baby potato instead of sweet potato. Plan to continue supplementing nutrition with TPN change to nocturnal TPN, discontinue lipids & decrease AA (received 88 grams of protein from food in past 24 hours). Calorie count to continue.

Dr Miga discussed goal of ~1500kcal/d, requires increased needs due to cardiac status. Tolerating TPN infusion.

TPN: Dextrose 10%, 1gm/kg AA @ 25ml/hr, 1gm/kg lipid @ 4.5ml/hr x 20 hours

Sodium 4mEq/kg/d, Potassium 2mEq/kg/d, chloride:acetate 50:50% of anion, magnesium sulfate 0.3mEq/kg/d, calcium gluconate 1mEq/kg/d, phosphate 0.5mmol/kg/d, MVI/TEC daily

TPN label weight: 18kg

Today's weight: 18.22kg (using "tan" scale)

Calorie count for 12/22 =1110kcal, 88gm protein

Received 42.7% of ordered TPN volume=256.6mL, lipids=45mL

TPN + PO =(1366.6kcal/d), 75kcal/kg, (95.6gm protein), 5gm/kg protein, 61ml/kg fluid; exceeding protein goal with current intake.

Meds: ethacrynic acid, levothyroxine, sildenafil

Labs: BUN 36.6 (H), CO2 18 (L), Albumin 3.3 (L), ALk phos 58 (L)

I/O: 626.5/650mL, stools x 1, fluid balance: -23.5mL, UOP: 2.5ml/kg/h

Plan: TPN ordered for tonight with the following changes

- Discontinue lipids
- Decrease infusion time & volume to allow for more po intake
- Decrease AA to 0.5gm/kg due to high protein diet
- Adjust chloride:acetate ratio due to trend
- Continue calorie count to more accurately assess po intake & adjust TPN
- Introduce CHO food item as per tolerance (goal is to develop a well balanced diet)
- Daily weight

Dominguez RD, Ana - 12/23/2018 13:12 MST

~~{ 6 y.o. male presents with severe pulmonary HTN, (R) ventricular dysfunction, (R) heart failure, acute systolic & diastolic, malnutrition secondary to parental determined restrictive diet, chronic GI issues, S/P cardiac catheterization 12/21, hypothyroidism, autism, progressive weakness & inability to walk. Discussed during bedside rounds. Mom introduced broccoli yesterday, plan to introduce another food item (preferably CHO food), mom agreeable will provide new baby potato instead of sweet potato. Plan to continue supplementing nutrition with TPN change to nocturnal TPN, discontinue lipids & decrease AA (received 88 grams of protein from food in past 24 hours). Calorie count to continue. Dr Miga discussed goal of ~1500kcal/d, requires increased needs due to cardiac status. Tolerating TPN infusion.~~

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Printed: 2/24/2022 17:21 MST Page 1,148 of 1,592 **Report Request ID:** 690868431

BDMC_KK 121818 001148 cync

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**NUTRITION DOCUMENTS**

TPN: Dextrose 10%, 1gm/kg AA @ 25ml/hr, 1gm/kg lipid @ 4.5ml/hr x 20 hours
Sodium 4mEq/kg/d, Potassium 2mEq/kg/d, chloride:acetate 50:50% of anion, magnesium sulfate 0.3mEq/kg/d, calcium gluconate 1mEq/kg/d, phosphate 0.5mmol/kg/d, MVI/TEG daily
TPN label weight: 18kg
Today's weight: 18.22kg (using "tan" scale)

Calorie count for 12/22 = 1110kcal, 88gm protein
Received 42.7% of ordered TPN volume = 256.6mL, lipids = 45mL
TPN + PO = (1366.6kcal/d), 75kcal/kg, (95.6gm protein), 5gm/kg protein, 61ml/kg fluid; exceeding protein goal with current intake.

Meds: ethacrynic acid, levothyroxine, sildenafil
Labs: BUN 36.6 (H), CO2 18 (L), Albumin 3.3 (L), ALk phos 58 (L)
I/O: 626.5/650mL, stools x 1, fluid balance: -23.5mL, UOP: 2.5ml/kg/h

Plan: TPN ordered for tonight with the following changes
—Discontinue lipids
—Decrease infusion time & volume to allow for more po intake
—Decrease AA to 0.5gm/kg due to high protein diet
—Adjust chloride:acetate ratio due to trend
—Continue calorie count to more accurately assess po intake
—Introduce CHO food item as per tolerance (goal is to develop well balance diet)
—Daily weight

}—previously charted by Dominguez RD, Ana at 12/23/2018 13:01 MST};
{6 y.o. male presents with severe pulmonary HTN, (R) ventricular dysfunction, (R) heart failure, acute systolic & diastolic, malnutrition secondary to parental determined restrictive diet, chronic GI issues, S/P cardiac catheterization 12/21, hypothyroidism, autism, progressive weakness & inability to walk. Discussed during bedside rounds. Mom introduced broccoli yesterday, plan to introduce another food item (preferably CHO food), mom agreeable will provide new baby potatoe instead of sweet potato. Plan to continue supplementing nutrition with TPN change to nocturnal TPN, discontinue lipids & decrease AA (received 88 grams of protein from food in past 24 hours). Calorie count to continue. Dr Miga discussed goal of ~1500kcal/d, requires increased needs due to cardiac status. Tolerating TPN infusion.

TPN: Dextrose 10%, 1gm/kg AA @ 25ml/hr, 1gm/kg lipid @ 4.5ml/hr x 20 hours
Sodium 4mEq/kg/d, Potassium 2mEq/kg/d, chloride:acetate 50:50% of anion, magnesium sulfate 0.3mEq/kg/d, calcium gluconate 1mEq/kg/d, phosphate 0.5mmol/kg/d, MVI/TEG daily
TPN label weight: 18kg
Today's weight: 18.22kg (using "tan" scale)

Calorie count for 12/22 = 1110kcal, 88gm protein
TPN = 256.6mL, lipids = 45mL

Meds: ethacrynic acid, levothyroxine, sildenafil
Labs: BUN 36.6 (H), CO2 18 (L), Albumin 3.3 (L), ALk phos 58 (L)

L = Low H = High C = Critical

* = Abnormal

^ = Interpretive Data

c = Corrected

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Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001149 cych

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

NUTRITION DOCUMENTS

I/O: 626.5/650mL, stools x 1, fluid balance: -23.5mL, UOP: 2.5ml/kg/h

}—previously charted by Dominguez RD, Ana at 12/23/2018 12:58 MST};
 {6 y.o. male presents with severe pulmonary HTN, (R) ventricular dysfunction, (R) heart failure, acute systolic & diastolic, malnutrition secondary to parental determined restrictive diet, chronic GI issues, S/P cardiac catheterization 12/21, hypothyroidism, autism, progressive weakness & inability to walk. Discussed during bedside rounds. Mom introduced broccoli yesterday, plan to introduce another food item (preferably CHO food), mom agreeable will provide new baby potatoe instead of sweet potato. Plan to continue supplementing nutrition with TPN change to nocturnal TPN, discontinue lipids & decrease AA (received 88 grams of protein from food in past 24 hours). Calorie count to continue. Dr Miga discussed goal of ~1500kcal/d, requires increased needs due to cardiac status. Tolerating TPN infusion.

TPN: Dextrose 10%, 1gm/kg AA @ 25ml/hr, 1gm/kg lipid @ 4.5ml/hr x 20 hours
 Sodium 4mEq/kg/d, Potassium 2mEq/kg/d, chloride:acetate 50:50% of anion, magnesium sulfate 0.3mEq/kg/d, calcium gluconate 1mEq/kg/d, phosphate 0.5mmol/kg/d, MVI/TEC daily
 TPN label weight: 18kg
 Today's weight: 18.22kg (using "tan" scale)

Meds: ethacrynic acid, levothyroxine, sildenafil
 Labs: BUN 36.6 (H), CO2 18 (L), Albumin 3.3 (L), ALk phos 58 (L)
 I/O: 626.5/650mL, stools x 1, fluid balance: -23.5mL, UOP: 2.5ml/kg/h

}—previously charted by Dominguez RD, Ana at 12/23/2018 12:41 MST};

Document Name:
 Result Status:
 Signed By:

Nutritional Follow Up - Communication
 Modified
 Chacon, Tracey C (12/24/2018 14:24 MST); Chacon, Tracey C (12/24/2018 07:33 MST); Chacon, Tracey C (12/24/2018 07:24 MST)
 12/24/2018 07:24 MST

Service Date/Time:

Nutritional Follow Up - Communication Entered On: 12/24/2018 7:27 MST
Performed On: 12/24/2018 7:24 MST by Chacon, Tracey C

Nutrition Follow Up/Communication

Nutrition Communications : Calorie count day 4 results. Pt ate 24 lamb meatballs, 4 tsp cooked carrots, 5 tsp cooked beets, 1/2 tsp rutabaga, drank 25 oz water. This is an estimated 1125 kcal and 96 g protein. An estimated amount of carbohydrates from vegetables was 4 grams. Marrow noted as taken, quantity not noted. Not included in calorie count.

Water intake was documented by mom, does not match nursing record of fluid intake.

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**NUTRITION DOCUMENTS**

Calorie count continues.

Chacon, Tracey C - 12/24/2018 14:24 MST

~~{[Calorie count day 4 results. Pt ate 24 lamb meatballs, 4 tsp cooked carrots, 5 tsp cooked beets, 1/2 tsp rutabaga, drank 25 oz water. This is an estimated 1125 kcal and 96 g protein. An estimated amount of carbohydrates from vegetables was 4 grams. Marrow noted as taken, quantity not noted. Not included in calorie count.~~

Calorie count continues.

}—previously charted by Chacon, Tracey C at 12/24/2018 7:33 MST};

~~{[Calorie count day 4 results. Pt ate 24 lamb meatballs, 4 tsp cooked carrots, 5 tsp cooked beets, 1/2 tsp rutabaga, drank 25 oz water. This is an estimated 1125 kcal and 96 g protein. An estimated amount of carbohydrates from vegetables was 4 grams.~~

Calorie count continues.

}—previously charted by Chacon, Tracey C at 12/24/2018 7:24 MST};

Document Name:

Nutritional Follow Up - Communication

Result Status:

Modified

Signed By:

Dominguez RD,Ana (12/24/2018 13:45 MST); Dominguez RD,Ana (12/24/2018 12:49 MST)

Service Date/Time:

12/24/2018 12:49 MST

Nutritional Follow Up - Communication Entered On: 12/24/2018 13:24 MST**Performed On: 12/24/2018 12:49 MST by Dominguez RD, Ana****Nutrition Follow Up/Communication**

Nutrition Communications : 6 y.o. male presents with severe pulmonary HTN, (R) ventricular dysfunction, (R) heart failure, acute systolic & diastolic, malnutrition secondary to parental determined restrictive diet, chronic GI issues, S/P cardiac catheterization 12/21, hypothyroidism, autism, progressive weakness & inability to walk. Discussed during bedside rounds. Mom introduced rutabag did not provide new baby potato as stated; plan to provide new baby potato today. Plan to continue supplementing nutrition with TPN, changes discussed physician. Calorie count to continue.

Dr Miga discussed goal of ~1500kcal/d, requires increased needs due to cardiac status.

TPN: Dextrose 12.5% @ 25ml/hr

Sodium 2mEq/kg/d, Potassium 2mEq/kg/d, chloride:acetate 30:70% of anion, magnesium sulfate 0.3mEq/kg/d, calcium gluconate 0.2mEq/kg/d, phosphate 0.1mmol/kg/d, MVI/TEC daily

TPN label weight: 18kg

Today's weight: 17.7kg, -520gm (using "tan" scale)

Calorie count for 12/23 =1125kcal, 96gm protein

Received 85% of ordered TPN volume=256.6mL

TPN + PO =(1245.9kcal/d), 69kcal/kg, (7.65gm protein), 5.8gm/kg protein, 12ml/kg fluid; exceeding protein goal with current intake.

Meds: ethacrynic acid, levothyroxine, sildenafil

L = Low

H = High

C = Critical

* = Abnormal

^ = Interpretive Data

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Report Request ID: 690868431

BDMC_KK 121818 001151 cycin

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**NUTRITION DOCUMENTS**

Labs: BUN 38.2 (H), K+ 5.4 (H), Albumin 3.5 (L), TGL 185 (H), magnesium 2.7 (H)
I/O: 810.8/1420mL, stools x 1, fluid balance: -609.2mL

Plan: TPN ordered for tonight with the following changes

- DC Potassium due to hyperkalemia
- DC magnesium due to hypermagnesemia
- Discontinue AA due to high protein diet
- Increase dextrose to 15% to provide source of CHO
- Continue calorie count to more accurately assess po intake & adjust TPN
- Introduce CHO food item as per tolerance (goal is to develop a well balanced diet)
- Daily weight

Dominguez RD, Ana - 12/24/2018 13:45 MST

{ [6 y.o. male presents with severe pulmonary HTN, (R) ventricular dysfunction, (R) heart failure, acute systolic & diastolic, malnutrition secondary to parental determined restrictive diet, chronic GI issues, S/P cardiac catheterization 12/21, hypothyroidism, autism, progressive weakness & inability to walk. Discussed during bedside rounds. Mom introduced rutabag did not provide new baby potato as stated; plan to provide new baby potato today. Plan to continue supplementing nutrition with TPN, changes discussed physician. Calorie count to continue. Dr Miga discussed goal of ~1500kcal/d, requires increased needs due to cardiac status.

TPN: Dextrose 12.5% @ 25ml/hr

Sodium 2mEq/kg/d, Potassium 2mEq/kg/d, chloride:acetate 30:70% of anion, magnesium sulfate 0.3mEq/kg/d, calcium gluconate 0.2mEq/kg/d, phosphate 0.1mmol/kg/d, MVI/TEG daily

TPN label weight: 18kg

Today's weight: 17.7kg, 520gm (using "tan" scale)

Calorie count for 12/23 = 1125kcal, 96gm protein

Received 85% of ordered TPN volume = 256.6mL

TPN + PO = (1245.9kcal/d), 69kcal/kg, (7.65gm protein), 5.8gm/kg protein, 12ml/kg fluid; exceeding protein goal with current intake.

Meds: ethacrynic acid, levothyroxine, sildenafil

Labs: BUN 38.2 (H), K+ 5.4 (H), Albumin 3.5 (L), TGL 185 (H)

I/O: 810.8/1420mL, stools x 1, fluid balance: -609.2mL

Plan: TPN ordered for tonight with the following changes

- Discontinue AA due to high protein diet
- Increase dextrose to 15% to provide source of CHO
- Continue calorie count to more accurately assess po intake & adjust TPN
- Introduce CHO food item as per tolerance (goal is to develop a well balanced diet)
- Daily weight

} — previously charted by Dominguez RD, Ana at 12/24/2018 12:49 MST};

Pharmacist : Hamilton PharmD, Tatum C**Physician Name :** LIN MD, THANT

Dominguez RD, Ana - 12/24/2018 12:49 MST

L = Low H = High C = Critical

* = Abnormal

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Report Request ID: 690868431

BDMC_KK 121818 001152 cync

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**NUTRITION DOCUMENTS****Document Name:****Result Status:****Signed By:****Service Date/Time:**

Nutritional Follow Up - Communication

Modified

Metail,DTR,Sandra (12/25/2018 11:00 MST); Metail,DTR,
Sandra (12/25/2018 10:57 MST); Metail,DTR,Sandra
(12/25/2018 10:53 MST)

12/25/2018 10:53 MST

Nutritional Follow Up - Communication Entered On: 12/25/2018 10:56 MST**Performed On: 12/25/2018 10:53 MST by Metail, DTR, Sandra****Nutrition Follow Up/Communication**

Nutrition Communications : Calorie Count totals for day 4. Pt ate 28 meatballs, 7 tsp beets, 6 tsp carrots, 1 tsp rutabaga, and 1 tsp new potatoes. 10 gm marrow- per mom equals 79 cals. Est calorie intake= 1394 kcals and 113 gms protein.

Water intake= 19 oz (561.9 ml) documented by mom exceeds nsgs record of fluid intake x ~102 ml.

Calorie count continued.

Metail, DTR, Sandra - 12/25/2018 11:00 MST

~~{ [Calorie Count totals for day 4. Pt ate 28 meatballs, 7 tsp beets, 6 tsp carrots, 1 tsp rutabaga, and 1 tsp new potatoes. 10 gm marrow- per mom equals 79 cals. Est calorie intake= 1394 kcals and 113 gms protein.~~

~~Water intake= 14 oz (420 ml) documented by mom does not match nsg record of fluid intake.~~

~~Calorie count continued.~~

~~}—previously charted by Metail, DTR, Sandra at 12/25/2018 10:57 MST);~~

~~{ [Calorie Count totals for day 4. Pt ate 28 meatballs, 7 tsp beets, 6 tsp carrots, 1 tsp rutabaga, and 1 tsp new potatoes. 10 gm marrow- per mom equals 79 cals. Est calorie intake= 1394 kcals and 113 gms protein.~~

~~Water intake= 14 oz (420 ml). Does not equal~~

~~}—previously charted by Metail, DTR, Sandra at 12/25/2018 10:53 MST);~~

Document Name:**Result Status:****Signed By:****Service Date/Time:**

Nutritional Follow Up - Communication

Modified

Dominguez RD,Ana (12/25/2018 13:51 MST); Dominguez
RD,Ana (12/25/2018 13:40 MST)

12/25/2018 13:40 MST

Nutritional Follow Up - Communication Entered On: 12/25/2018 13:49 MST**Performed On: 12/25/2018 13:40 MST by Dominguez RD, Ana**

L = Low H = High C = Critical

* = Abnormal

^ = Interpretive Data

c = Corrected

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Report Request ID: 690868431

BDMC_KK 121818 001153 cync

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**NUTRITION DOCUMENTS****Nutrition Follow Up/Communication***Pharmacist :* Haun RPh, Rebecca Cynthia*Physician Name :* STEWART MD, RYAN MICHAEL

Nutrition Communications : 6 y.o. male presents with severe pulmonary HTN, (R) ventricular dysfunction, (R) heart failure, acute systolic & diastolic, malnutrition secondary to parental determined restrictive diet, chronic GI issues, S/P cardiac catheterization 12/21, hypothyroidism, autism, progressive weakness & inability to walk. Discussed with physician, plan to continue TPN without change.

Cycled TPN: Dextrose 15% @ 25ml/hr

Sodium 2mEq/kg/d, chloride:acetate 30:70% of anion, calcium gluconate 0.2mEq/kg/d, MVI/TEC daily

TPN label weight: 18kg

Today's weight: 17.02kg, -680gm x 24 hours

Calorie count: 1394kcal/d, 113gm protein (of note: mom documenting foods consumed on calorie count sheet)

Received 100% of ordered TPN volume=350mL

TPN + PO =(1572.5kcal/d), 92kcal/kg, (113gm protein), 6.6gm/kg protein, 20ml/kg fluid (excludes calorie count documented fluid); exceeding nutritional needs with current intake. Despite 100% consumption of caloric & protein intake, pt continues to lose weight, down 680gm in past 24 hours

Meds: ethacrynic acid, levothyroxine, sildenafil

Labs: BUN 37.4(H), Albumin 3.4 (L), PreAlbumin 15 (L)

I/O: 820/1250mL, stools x 1, fluid balance: -430mL

Plan: TPN ordered for tonight without change

---Continue calorie count to more accurately assess po intake & adjust TPN

---Daily weight

Dominguez RD, Ana - 12/25/2018 13:51 MST

~~{ 6 y.o. male presents with severe pulmonary HTN, (R) ventricular dysfunction, (R) heart failure, acute systolic & diastolic, malnutrition secondary to parental determined restrictive diet, chronic GI issues, S/P cardiac catheterization 12/21, hypothyroidism, autism, progressive weakness & inability to walk. Discussed with physician, plan to continue TPN without change.~~

Cycled TPN: Dextrose 15% @ 25ml/hr

Sodium 2mEq/kg/d, chloride:acetate 30:70% of anion, calcium gluconate 0.2mEq/kg/d, MVI/TEC daily

TPN label weight: 18kg

Today's weight: 17.02kg, -680gm x 24 hours

Calorie count

Received 85% of ordered TPN volume=256.6mL

TPN + PO =(1245.9kcal/d), 69kcal/kg, (7.65gm protein), 5.8gm/kg protein, 12ml/kg fluid; exceeding protein goal with current intake.

Meds: ethacrynic acid, levothyroxine, sildenafil

Labs: BUN 38.2 (H), K+ 5.4 (H), Albumin 3.5 (L), TGL 185 (H), magnesium 2.7 (H)

I/O: 810.8/1420mL, stools x 1, fluid balance: -609.2mL

L = Low H = High C = Critical

* = Abnormal

^ = Interpretive Data

c = Corrected

f = Footnote

Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001154 cyn

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**NUTRITION DOCUMENTS**

Plan: TPN ordered for tonight with the following changes

- DC Potassium due to hyperkalemia
- DC magnesium due to hypermagnesemia
- Discontinue AA due to high protein diet
- Increase dextrose to 15% to provide source of CHO
- Continue calorie count to more accurately assess po intake & adjust TPN
- Introduce CHO food item as per tolerance (goal is to develop a well balanced diet)
- Daily weight

]—previously charted by Dominguez RD, Ana at 12/25/2018 13:40 MST};

Document Name:

Result Status:

Signed By:

Service Date/Time:

Nutritional Follow Up - Pediatric

Auth (Verified)

Manz RD,Lindsey N (12/26/2018 13:29 MST)

12/26/2018 13:29 MST

Nutritional Follow Up - Pediatric Entered On: 12/26/2018 13:54 MST**Performed On: 12/26/2018 13:29 MST by Manz RD, Lindsey N****Subjective***Peds Nut F/U Tolerating Diet : Yes**Peds Nut F/U Appetite : Good**Peds Nut F/U Tolerate Nutrition Support : Yes*

Peds Nut F/U Subjective Notes : Pt playing on the floor with twin brother. Edema looks to have been reduced since the day of admission. Today's calorie count sheet is seen on the cabinet and breakfast is recorded as several lamb meatballs, several turkey meatballs, 2Tbsp of mashed potato, 2tsp beets, 1 tsp carrots.

Mom reports:

- she was told that Kenan would start Elecare or Neocate tomorrow if he does not gain weight
- he is taking more foods now than before, but he is not tolerating the foods
- gets joint pains in his back and knees from either the beets or potatoes
- screaming in pain during the night from abd pain
- up for 4 hours last night with a rash on his back from a food reaction
- not notifying staff of these reactions because "they are not worried about anything short of anaphylaxis"
- dad is going home to cook lentils and bring them for Kenan to try today, might try a baked apple tomorrow. Very concerned that there are too many foods being introduced too fast and he is not tolerating
- not sure when the lentils or apple will arrive; they will have to go home to heat other foods and bring them in because they will not use a microwave
- "the beets cause the liver to release toxins and Kenan has a lot of toxin build up in his liver. The toxins might be settling in his joints causing him pain"
- looked into other formulas such as liquid hope. Does not want to use an elemental formula because there is corn syrup as the main ingredient and this is not nutritionally beneficial
- wants to continue with offering foods by mouth, but with slow progression over weeks or months in the outpatient setting.
- you[RD] want Kenan to eat food too, I don't agree with the timeline of getting him to gain weight. Maybe you could talk to

L = Low

H = High

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Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001155 cync

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**NUTRITION DOCUMENTS**

them about not giving him formula.

- he is losing weight because of the Synthroid. They need to change the dose
- does not want formula because that would be like introducing a whole bunch of new foods at once "I would rather have him have an intolerance reaction to our food from home than that formula"

RD repeatedly reviewed the following with Mom:

- current diet is not nutritionally adequate, this is not an acceptable long-term diet
- we need to continue to introduce foods for a varied, balanced diet.
- we will not stop giving one food because a new food is introduced
- current amounts of non-meat foods are insufficient and are not age appropriate. Pt requires ongoing increases in portion sizes
- a new food should be offered daily
- mom must report any "intolerance reactions" to staff members immediately so they can be observed by nursing.
- We will be following Physician's orders regarding the use of enteral formula. We will start when the Physician orders to do so
- suggested trying green beans - Mom states he used to eat those, but she does not think he can tolerate anymore. Then argued that the doctors won't want green beans because they are not nutritionally dense, then states she would not be willing to give a normal portion size of a new food like that

Discussed with Hospitalist:

- TPN is inappropriate
- suspected vitamin deficiencies, recommendations for vitamin studies and supplementation are in the chart
- Physician advised that we are currently awaiting DCS for a hold on the patient. This way Mom will not be able to take the pt home AMA and we could more easily have control over care.

Manz RD, Lindsey N - 12/26/2018 13:29 MST

Objective

Peds Nut F/U Weight Date : 12/26/2018 MST

Peds Nut F/U Current Weight : 16.82 kg(Converted to: 37 lb 1 oz, 16,820 Gm)

Peds Nut F/U Weight Change/Day : [+] 3.33g/day gain x 6 days from 12/20 -12/26

Peds Nut F/U Current Nutrition Order : 350ml of 15% dextrose as TPN

regular diet

Peds Nut F/U Current IVF Order : None

Peds Nut F/U Clinical Symptoms : afebrile with T-max 37.2

O2 per NC @ 2L/min

abd round/soft, BS present all quadrants

Peds Nut F/U Labs : Hgb 9.7, Hct 30.5, MCV 96 - suggestive of FA deficiency (diet very high in vitamin B12)

TG 185 on 12/24

today's nutritionally pertinent CMP results within normal range

Peds Nut F/U Med Changes : ethacrynic acid

synthroid

sildenafil

no prn meds given

Peds Nut F/U Objective Notes : I/O: 1015/750

[+] stool x 1

[-] emesis

Manz RD, Lindsey N - 12/26/2018 13:29 MST

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote

Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001156 cycin

Banner Health
 BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

NUTRITION DOCUMENTS

Assessment

Peds Nut F/U Current Order Comment : Est calorie intake= 1394 kcals and 113 gms protein.

calculation weight: 17Kg

Kcal/kg : 82 Kcal/kg

Gm Prot/kg : 6.6

Assessment Nutrition Comments : Estimated needs: 67kcal/kg, 0.95g protein/kg, 79ml free water/kg

Most recent kcal could results suggest pt is meeting greater than 100% estimated kcal needs, and excessive protein intake

Kcal results are at risk for inaccuracy as the intakes were being completed by Mom and not by staff members. Mom is not reliable and we cannot rule out that recorded intakes were not falsified by Mom.

TPN is not indicated. Pt has excessive fat and protein intake daily. he is getting dextrose and electrolytes in PN; this can be provided via IVFs.

****Weight is not a reliable method of tracking adequacy of intake at this time as pt was notably edematous at admission.**

Weight reduction with decreased fluid volume is expected.

Pt is severely malnourished. There are many suspected micronutrient deficiencies. Refer to initial assessment note on 12/19/18.

Pt requires MVI with minerals supplementation and would likely benefit from an additional B-complex with C. Folate deficiency is likely.

The pt's gut is functioning. There are no contraindications to providing full nutrition through the gut. Pt is able to eat by mouth; he is willing to eat by mouth and has been noted by nursing to be requesting more food and c/o hunger.

Recommendations are for adding additional foods with age appropriate portion sizes with staff supervision.

If pt is unable or unwilling to consume adequate foods, EN could be considered. Pt is able to digest intact proteins as evidence by current diet; would suggest a food-based dairy-free formula such as Harvest.

Unsafe for discharge. Mom does not seem to be able to grasp that she is withholding adequate nutrition from the child. Mom is also exhibiting manipulative behaviors. She stated "You agree that we will just give him food and that it will take a long time to increase amounts, so we will do that in outpatient instead of giving Elecare or Neocate" RD repeatedly explained to Mom that we will follow Physician's orders with starting formula if needed. Pt must demonstrate adequate nutritional intake with weight gain while in the hospital. We will not drop out the amount of time that inadequate nutrition is being provided as this is harmful to the patient.

Manz RD, Lindsey N - 12/26/2018 13:29 MST

Plan

Peds - Nutrition Plan Rev. : Monitor tolerance of diet and/or transition to PO Feeds, Recommend multivitamin/mineral supplement, Recommend referral to Pediatric Outpatient Nutrition Services

Peds Nutrition Goals : See IPOC: nutrition deficit

Recommendations:

- DCS hold
- daily pediatric MVI with minerals daily
- additional B-complex + vit C daily until suspected deficits are repleted
- vitamin D3 supplement daily
- suggest vitamin studies:
 - whole blood: thiamin, riboflavin, vit B6/folate, biotin, manganese, vitamin E
 - Plasma study: vitamin A, vitamin D, vitamin K,
 - urine: niacin

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote
Printed: 2/24/2022 17:21 MST Page 1,157 of 1,592 **Report Request ID:** 690868431

BDMC_KK 121818 001157 cycn

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**NUTRITION DOCUMENTS**

- STAFF MEMBERS ONLY to document observed po intakes and amounts
- 1 new food per day
- increased portion sizes of all non-meat items

Manz RD, Lindsey N - 12/26/2018 13:29 MST

Education

Responsible Learner Present for Session : Mother
Barriers to Learning : Desire/Motivation, Health literacy
Teaching Method : Explanation
Home Caregiver Present for Session : Yes
Time Spent teaching (minutes) : 35 minutes

Manz RD, Lindsey N - 12/26/2018 13:29 MST

Education Nutrition GRID*Diet for age :* Needs further teaching, Needs practice/supervision

Manz RD, Lindsey N - 12/26/2018 13:29 MST

Instructions/Recommendations*Discharge Recommendation NS Summary :* Kenan will need regular long term follow up with a Registered Dietitian.

Manz RD, Lindsey N - 12/26/2018 13:29 MST

Document Name:

Nutritional Follow Up - Communication

Result Status:

Auth (Verified)

Signed By:

Metail,DTR,Sandra (12/26/2018 13:30 MST)

Service Date/Time:

12/26/2018 13:30 MST

Nutritional Follow Up - Communication Entered On: 12/26/2018 13:33 MST**Performed On: 12/26/2018 13:30 MST by Metail, DTR, Sandra****Nutrition Follow Up/Communication**

Nutrition Communications : 12/25 calorie count sheet missing. Per RN- it was sent to be scanned. Unable to find scanned calorie count sheet for 12/25 in chart and unable to document calorie count totals.

Will continue to follow up w/ calorie count.

Metail, DTR, Sandra - 12/26/2018 13:30 MST

Document Name:

Nutritional Follow Up - Pediatric

Result Status:

Auth (Verified)

Signed By:

Veleta RD,Laura S (12/27/2018 10:50 MST)

Service Date/Time:

12/27/2018 10:50 MST

Nutritional Follow Up - Pediatric Entered On: 12/27/2018 11:25 MST**Performed On: 12/27/2018 10:50 MST by Veleta RD, Laura S**

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote

Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001158 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**NUTRITION DOCUMENTS****Subjective***Peds Nut F/U Tolerating Diet :* Yes*Peds Nut F/U Appetite :* Good*Peds Nut F/U Tolerate Nutrition Support :* N/A*Peds Nut F/U Subjective Notes :* Pt discussed with RN Sara and SW Andrea.

Pt getting ready to go to CT scan. Mom not present. Dad in room. RN reports PO intake remains same, family continues to bring in food from home and restrict intake.

Per RN, wt taken this morning on different scale. RDN asked if same scale as previous weights could be used for consistency. RN stated she would obtain updated weight on previously used scale.

Per RN report, DCS involved, plans to take custody of pt and twin today, pending on official notice. Family not informed at this time. RN reports, once custody obtained, family will be unable to refuse advancing diet or multivitamins recommended.

RDN to follow.

Veleta RD, Laura S - 12/27/2018 10:50 MST

Objective*Peds Nut F/U Weight Date :* 12/27/2018 MST*Peds Nut F/U Current Weight :* 17.6 kg(Converted to: 38 lb 13 oz, 17,600 Gm)*Peds Nut F/U Weight Change/Day :* +780g (different scale used, pending updated wt)*Peds Nut F/U Current Nutrition Order :* Pediatric diet*Peds Nut F/U Current IVF Order :* D10 at 54 mL/hr*Peds Nut F/U Clinical Symptoms :* Nasal Cannula

No documentation of edema

Tmax 37.2

Peds Nut F/U Labs : GLU 83, BUN 29, CRE 0.3, Na 136, K 3.6, Cl 106, Co2 20, Mg 2.2, Ca 8.8, P 3.7*Peds Nut F/U Med Changes :* Reviewed*Peds Nut F/U Objective Notes :* I/O: 1330.2/840

BM: 1x, bowel sounds present

UOP: 1.98 mL/kg/hr

Veleta RD, Laura S - 12/27/2018 10:50 MST

Assessment*Peds Nut F/U Current Order Comment :* D10 IVF: 54 mL/hr*Kcal/kg :* 25 Kcal/kg*mL Fluid/kg :* 74 mL/kg*Peds Nutrition Free Water/Total Fluid :* Total fluid*Assessment Nutrition Comments :* Estimated needs: 67kcal/kg, 0.95g protein/kg, 79ml free water/kg

IVF meeting 37% est kcal needs and 94% est fluid needs.

Pt likely meeting caloric/protein needs since large amount of PO intake high in calories from fat/protein however diet is not nutritionally complete or adequate for age. Pt severely lacking in variety of fruits, vegetables, and grains. Family continues to restrict diet and bring food from home vs obtaining food from BDMC or using microwave on unit.

Previous RDN notes indicate RDN Lindsey recommended introducing 1 new food per day, recommended introducing green bean yesterday.

Per RN Notes:

Verified by: Isbell RN, Sara N on December 26, 2018 19:57 MST

"around 1850 mom came out to let RN know that pt had rash on shoulders, increased breathing rate, congestion, stuffy

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote

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Report Request ID: 690868431

BDMC_KK 121818 001159 cyncn

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

NUTRITION DOCUMENTS

nose and felt warm. asked RN to check temperature and stated that "it was from all the new introduction of letting him eat whatever per the nutritionist""

"mom called RN to watch pt around 1745 so mom can step off floor to bring something to dad. RN went into room as pt was eating the rest of dinner. Asked pt was he was eating. pt stated "turkey". RN asked pt if he liked turkey and he stated no. RN asked pt what he liked to eat. pt stated "meatballs, potatoes, beets and carrots." RN asked pt if he liked to eat fruit. pt stated no. RN asked what happens when pt eats fruit. pt stated "we're just intolerant to it." RN then asked what happens when he eats fruit, he stated "i dont know im just intolerant to it." pt was talkative and telling me all about his toys until mom came back into the room and then the patient no longer would speak to the RN about his toys."

Veleta RD, Laura S - 12/27/2018 10:50 MST

Plan

Peds - Nutrition Plan Rev. : Recommend diet changes, Monitor tolerance of diet and/or transition to PO Feeds, Recommend multivitamin/mineral supplement, Diet/nutrition education ongoing
Peds Nutrition Goals : See IPOC: nutrition deficit

Recommendations:

- daily pediatric MVI with minerals daily
- additional B-complex + vit C daily until suspected deficits are repleted
- vitamin D3 supplement daily
- suggest vitamin studies:
 - whole blood: thiamin, riboflavin, vit B6/folate, biotin, manganese, vitamin E
 - Plasma study: vitmain A, vitamin D, vitamin K,
 - urine: niacin
- STAFF MEMBERS ONLY to document observed po intakes and amounts
- 1 new food per day
- increased portion sizes of all non-meat items

Veleta RD, Laura S - 12/27/2018 10:50 MST

Instructions/Recommendations

Discharge Recommendation NS Summary : Kenan will need regular long term follow up with a Registered Dietitian.

Veleta RD, Laura S - 12/27/2018 10:50 MST

Document Name:	Nutritional Follow Up - Pediatric
Result Status:	Auth (Verified)
Signed By:	Veleta RD,Laura S (12/28/2018 17:40 MST)
Service Date/Time:	12/28/2018 17:40 MST

Nutritional Follow Up - Pediatric Entered On: 12/28/2018 18:34 MST
Performed On: 12/28/2018 17:40 MST by Veleta RD, Laura S

Subjective

Peds Nut F/U Tolerating Diet : Yes
Peds Nut F/U Appetite : Good

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote
Printed: 2/24/2022 17:21 MST Page 1,160 of 1,592 **Report Request ID:** 690868431

BDMC_KK 121818 001160 cyncn

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**NUTRITION DOCUMENTS***Peds Nut F/U Tolerate Nutrition Support :* N/A

Peds Nut F/U Subjective Notes : RDN met with Dad and Kenan early this morning. Kenan was seen playing on mat with Legos, made appropriate eye contact with RDN but did not interact with RDN. Dad stated he provided ~10 teaspoons of green beans, baked apples, and avocado yesterday in addition to Kenan's normal diet of lamb meatballs, broth, and bone marrow. Dad states Kenan broke out in rash on left shoulder yesterday. Information was not documented or reported to RN last 24 hours. Dad reports Kenan ate ~8 meatballs, bone marrow, and 6 oz of water for breakfast this morning. Dad also reported he was waiting for Mom to return so that he could go make dinner for Kenan at home.

RDN was present for care conference meeting with Mom, Dad, Dr. Nourani, Case Management, Social Worker Ashley. SCAN NP and MD, and DCS. Mom reports she has provided Kenan with variety of foods such as hardboiled eggs, broccoli, baked apples, and green beans last few days. Also states she believes he is consuming close to 2500 kcals/day, to which Dad chimed in pt ate 1.5 lbs of lamb yesterday. RDN stated recent calorie counts indicating pt was eating closer to 1200 kcals/day and that Kenan has also continued to lose weight rather than gain. RDN also encouraged pt to have greater variety of foods including balanced amounts of fruits, vegetables, grains, and fluids. RDN suggested reducing amount of protein/fat based foods d/t lab values, and supplementing with greater variety of other nutritious foods. Mom stated she was hesitant in starting nutrition support to which RDN agreed with, stating Nutrition Team also were in agreeance to provide Kenan with real foods and allowing him to eat without restrictions. RDN informed Mom that we do have Pediasure Harvest which is an organic whole foods dairy free nutritional supplemental formula if needed. RDN discussed addition of vitamin and mineral supplements given micronutrient deficiencies as indicated by lab values and nutrition focused physical exam findings upon assessment. Mom stated she was hesitant that Kenan would not tolerate supplements stating she had tried multiple ones prior and that he did not absorb them. Mom ultimately agreeable to start multivitamin and minerals.

RDN met with mom after meeting to go over recommended 1 day sample menu created based on foods pt is able to order from CCMC Kitchen. Menu was created to provide 67 kcal/kg of Kenan's IBW. Meals are consistent with dietary restrictions Mom has asked nutrition team to follow: gluten free, dairy free, soy free, egg free. (Should be noted, mom is providing Eggs to child which patient tolerates). RDN also used approved list of "GAP diet" foods to create sample menu. Copies left with Mom, RN, and Diet Tech. RDN informed mom this was just a guideline for everyone involved to follow including variety and balance of healthy foods Kenan may tolerate. Mom verbalized understanding. Mom stated Dad was going to bring Lamb, butternut squash spirals, and other vegetables he purchased at Whole foods today. Mom expressed concern about introducing multiple new foods at one time and his "risk of allergies", RDN verbalized understanding, provided encouragement and comfort to Mom, reinforced idea that Kenan is in the best place at this moment to trial different foods.

Sample Menu:

Breakfast: Cream of Rice cereal, Applesauce, Banana, Turkey Sausage, Rice Milk, Blueberry Gluten Free Muffin

Lunch: Grilled chicken, black beans, asparagus spears, peaches, pears, apple juice

Dinner: Sliced roast turkey, green beans, carrots, white rice, red grapes, apple juice

Veleta RD, Laura S - 12/28/2018 17:40 MST

Objective*Peds Nut F/U Weight Date :* 12/28/2018 MST*Peds Nut F/U Current Weight :* 17.57 kg(Converted to: 38 lb 12 oz, 17,570 Gm)*Peds Nut F/U Weight Change/Day :* -30g x last 24 hrs;

-41g/d x 18 days since admit

Peds Nut F/U Current Nutrition Order : Pediatric

Gluten free, No dairy, No eggs, No soy, No sulfite, No cinnamon

Peds Nut F/U Current IVF Order : NA*Peds Nut F/U Clinical Symptoms :* Tmax: 37.2

Nasal Cannula

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Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001161 cycin

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**NUTRITION DOCUMENTS**

Peds Nut F/U Labs : GLU 85, BUN 32.6, CRE 0.35, Na 134, K 4.3, Cl 104, Co2 20, Mg 1.9, Ca 8.7
Uric Acid 5.7, Vitamin D 11.9, TG 185, Cholesterol 241, Vitamin B12 >2000, PAB 15, HGB 9.7, HCT 30.5, MCV 96, MCH 30.4

Peds Nut F/U Med Changes : reviewed*Peds Nut F/U Objective Notes :* I/O: 1224/1810

BM: 1x, bowel sounds present

UOP: 4.29 mL/kg/hr

Generalized edema

Veleta RD, Laura S - 12/28/2018 17:40 MST

Assessment*Peds Nut F/U Current Order Comment :* D10 NS: 594 mL*Kcal/kg :* 11.49 Kcal/kg*mL Fluid/kg :* 33.8 mL/kg*Assessment Nutrition Comments :* Estimated needs: 67kcal/kg, 0.95g protein/kg, 79ml free water/kg

IVF provided last 24 hrs provided 17% est kcal needs and 43% est fluid needs.

Reported intake of 4 meals/snacks 76-100%, no clear documentation of what foods or quantities patient received.

RDN provided sample menu to Mom and staff to serve as guideline for patient to have variety of fruits, vegetables, grains, protein sources while remaining compliant with dietary restrictions Mom states he has, i.e. Gluten, Dairy, Soy, Egg free.

Noted that Mom has reported on multiple occasions she is providing patient with eggs which he tolerates.

Pt has continued to lose weight, approximately 41g/d x 10 days from admit, and 30g in last 24 hours. May be partially attributed to fluid losses given pt initial edema.

Pt with multiple micronutrient deficiencies as noted per lab values and nutrition focused physical exam findings. Discussed at length with Provider and Mom. Agreeable to start supplementing with vitamins and minerals.

Recommend reducing amount of high protein/fat foods and increasing amounts of fruits, vegetables, and grains d/t following lab values:

Low HGB/HCT, Low Vitamin D, Low PAB, Elevated B12, Elevated Uric Acid, Elevated Triglycerides and Cholesterol.

As per original nutrition assessment on 12/18:

Pt has physical findings suggestive of multiple micronutrient deficits. Recommend testing levels of the following

Zn - hair thinner than expected for age, severe stunting (diet may provide RDI of Zn for age)

EFA - lack luster hair, abnormal dryness to skin on abdomen/trunk

Biotin - hair thinner than expected for age, psoriasis-like skin patch

Niacin - reported eye inflammation and redness at home, darkness under eyes

riboflavin - reported eye inflammation and redness at home, darkness under eyes

vit B6 - reported eye inflammation and redness at home, darkness under eyes, weakness

folate - palor, fatigue

Vit C- palor, red patch under the skin on forearm, b/l edema, weakness,

vit K - red patch under the skin

vitamin A - abnormal dryness to skin on abdomen/trunk, flakiness to abd skin

thiamin - whole body edema, reported concentration/behavioral changes at home

vitamin D - joint pain, weakness

vitamin E - unable to walk

Manganese - poor growth

Veleta RD, Laura S - 12/28/2018 17:40 MST

Plan

L = Low H = High C = Critical

* = Abnormal

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c = Corrected

f = Footnote

Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001162 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**NUTRITION DOCUMENTS**

Peds - Nutrition Plan Rev. : Initiate Calorie Count (3 days), Monitor tolerance of diet and/or transition to PO Feeds, Recommend multivitamin/mineral supplement, Diet/nutrition education ongoing, Recommend referral to Pediatric Outpatient Nutrition Services

Peds Nutrition Goals : Refer to IPOC: Nutrition Deficit

Recommendations:

- Resume calorie count
- STAFF MEMBERS ONLY to document observed po intakes and amounts
- Minimum of 1 new food per day
- increased portion sizes of all non-meat items
- Pediatric, Gluten Free, Dairy Free diet per parents request
- daily pediatric MVI with minerals daily
- additional B-complex + vit C daily until suspected deficits are repleted
- vitamin D3 supplement daily
- suggest vitamin studies:
 - whole blood: thiamin, riboflavin, vit B6/folate, biotin, manganese, vitamin E
 - Plasma study: vitmain A, vitamin D, vitamin K,
 - urine: niacin
- Daily weight measurements
- Weekly height measurements

Physician Name : NOURANI DO, MONA

Veleta RD, Laura S - 12/28/2018 17:40 MST

Education

Responsible Learner Present for Session : Mother

Barriers to Learning : Desire/Motivation

Teaching Method : Explanation, Printed materials, Teach-back

Additional Session Learner/s Present : Father

Time Spent teaching (minutes) : 40 minutes

Veleta RD, Laura S - 12/28/2018 17:40 MST

Education Nutrition GRID

Diet/Nutrition : Verbalizes understanding

Dietary supplements : Verbalizes understanding

Veleta RD, Laura S - 12/28/2018 17:40 MST

Instructions/Recommendations

Discharge Recommendation NS Summary : Kenan will need regular long term follow up with a Registered Dietitian.

Veleta RD, Laura S - 12/28/2018 17:40 MST

Document Name:

Nutritional Follow Up - Communication

Result Status:

Auth (Verified)

Signed By:

Chacon, Tracey C (12/29/2018 07:50 MST)

Service Date/Time:

12/29/2018 07:50 MST

Nutritional Follow Up - Communication Entered On: 12/29/2018 7:54 MST

Performed On: 12/29/2018 7:50 MST by Chacon, Tracey C

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f = Footnote

Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001163 cycin

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**NUTRITION DOCUMENTS****Nutrition Follow Up/Communication**

Nutrition Communications : Calorie count results for dinner on 12/28 when calorie count was restarted. Spoke with RN this morning, she reported patient ate 8 grapes, 2 lamb meatballs, 1 orange slice, 30 ml apple juice. The meal which was ordered from this facility contained a fruit plate, green beans and chicken breast. Only item consumed from this meal was the fruit, dad fed lamb meatballs brought from home. Total calories from the one meal: 145 kcal and 8 g protein.

RN has meal plan for today and will order meals as recommended. Will provide a new menu each day to RN for food selections to be ordered. Calorie count continues.

Chacon, Tracey C - 12/29/2018 7:50 MST

Document Name:

Nutritional Follow Up - Communication

Result Status:

Auth (Verified)

Signed By:

Pendergraft RDN,Amy (12/29/2018 12:09 MST)

Service Date/Time:

12/29/2018 12:09 MST

Nutritional Follow Up - Communication Entered On: 12/29/2018 12:21 MST**Performed On: 12/29/2018 12:09 MST by Pendergraft RDN, Amy****Nutrition Follow Up/Communication**

Nutrition Communications : RD daily note.

See DT cal note for PO intake.

I/O: 715/2565., stool x 2. 1L NC

18 kg + 20 kg x 11 days, admit

Nutrition needs do not appear to be met.

Questionable food "allergies" or intolerances along with food restricting. No weight gain.

Would consider NG feeds as GI is working but inadequate PO. NOC drip to encourage PO feeds.

--Elecare Jr 30 kcal or Neocate Jr 30 kcal, 20 mls/hr x 8 hrs 2100-0500. increase by 5 mls Q 24 hrs as tolerated to goal of 50 mls/hr.

= 400kcal/day.

Pendergraft RDN, Amy - 12/29/2018 12:09 MST

Document Name:

Nutritional Follow Up - Communication

Result Status:

Auth (Verified)

Signed By:

Chacon,Tracey C (12/30/2018 07:23 MST)

Service Date/Time:

12/30/2018 07:23 MST

Nutritional Follow Up - Communication Entered On: 12/30/2018 7:31 MST**Performed On: 12/30/2018 7:23 MST by Chacon, Tracey C**

L = Low H = High C = Critical

* = Abnormal

^ = Interpretive Data

c = Corrected

f = Footnote

Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001164 cyncn

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

NUTRITION DOCUMENTS

Nutrition Follow Up/Communication

Nutrition Communications : Calorie count results for Day 1, Dec 29. Pt consumed a total of 1777 kcal and 85 gm protein. Patient ate 4 meals which consisted of bites, or full portions of the following: Gluten free blueberry muffin, cream of rice, turkey sausages (7) , applesauce, banana, brown sugar, rice milk, roast turkey, green beans, carrots, white rice, red grapes, apple juice, salmon, roasted red potatoes, mashed potatoes, chicken breast, black beans, asparagus, peaches and pears.

RN reported patient has been very hungry and is eating or at least trying everything that is being ordered for him. Saw patient last night after he had finished eating 2 cups of peaches, per RN, he has never had peaches before. When asked if they were yummy, pt smiled and nodded "yes".

Calorie count continues. Diet Tech or RDN will preorder meals for patient each day based on his preferences as well as to provide a healthy variety, and delivery times have been set for 8:00, 12:00 and 4:00. RN is allowed to order additional meals as needed and as much food as patient wants.

Chacon, Tracey C - 12/30/2018 7:23 MST

Document Name:	Nutritional Follow Up - Pediatric
Result Status:	Auth (Verified)
Signed By:	Veleta RD,Laura S (12/30/2018 14:26 MST)
Service Date/Time:	12/30/2018 14:26 MST

Nutritional Follow Up - Pediatric Entered On: 12/30/2018 14:41 MST
Performed On: 12/30/2018 14:26 MST by Veleta RD, Laura S

Subjective

Peds Nut F/U Tolerating Diet : Yes
Peds Nut F/U Appetite : Good
Peds Nut F/U Tolerate Nutrition Support : N/A
Peds Nut F/U Subjective Notes : Pt seen playing with legos/blocks in play room with Sitter and volunteer.
 RDN asked sitter how patient ate for lunch.
 Sitter reports pt ate peaches, grapes, juice, rice, and bites of salmon and broccoli.

Veleta RD, Laura S - 12/30/2018 14:26 MST

Objective

Peds Nut F/U Weight Date : 12/30/2018 MST
Peds Nut F/U Current Weight : 17.6 kg(Converted to: 38 lb 13 oz, 17,600 Gm)
Peds Nut F/U Weight Change/Day : +15g/d x 2 days
Peds Nut F/U Current Nutrition Order : Regular pediatric
Peds Nut F/U Current IVF Order : NA
Peds Nut F/U Clinical Symptoms : Generalized non pitting edema
 Tmax: 38.4
 Nasal Cannula
Peds Nut F/U Labs : No new labs to note

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote
Printed: 2/24/2022 17:21 MST Page 1,165 of 1,592 **Report Request ID:** 690868431

BDMC_KK 121818 001165 cycin

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**NUTRITION DOCUMENTS***Peds Nut F/U Med Changes :* Reviewed, + Calcium/Vitamin D, multivitamin*Peds Nut F/U Objective Notes :* I/O: 573.4/1080

BM: 2x, bowel sounds present

UOP: 2.56 mL/kg/hr

Veleta RD, Laura S - 12/30/2018 14:26 MST

Assessment*Peds Nut F/U Current Order Comment :* Per calorie count last 24 hours: 1777 kcals and 85g PRO consumed*Kcal/kg :* 100 Kcal/kg*Gm Prot/kg :* 4.8*Assessment Nutrition Comments :* Estimated needs: 67kcal/kg, 0.95g protein/kg, 79ml free water/kg

Pt meeting >100% est needs at this time.

PO intake yesterday included varied diet of: Gluten free blueberry muffin, cream of rice, turkey sausages (7) , applesauce, banana, brown sugar, rice milk, roast turkey, green beans, carrots, white rice, red grapes, apple juice, salmon, roasted red potatoes, mashed potatoes, chicken breast, black beans, asparagus, peaches and pears.

Continue to monitor PO intake, weight trends, and s/s of possible "intolerances". So far no documentation of any allergic reactions or GI distress. Pt had two good BM last 24 hrs.

Veleta RD, Laura S - 12/30/2018 14:26 MST

Plan*Peds - Nutrition Plan Rev. :* Monitor tolerance of diet and/or transition to PO Feeds, Diet/nutrition education ongoing*Peds Nutrition Goals :* Refer to IPOC: Nutrition Deficit**Recommendations:**

--Continue Regular pediatric diet (Gluten Free, Dairy free, Soy Free per parent's original requests)

--Continue Calorie Count

-- Continue daily pediatric MVI with minerals daily

-- Continue Calcium-Vitamin D daily

-- additional B-complex + vit C daily until suspected deficits are repleted

-- suggest vitamin studies:

- whole blood: thiamin, riboflavin, vit B6/folate, biotin, manganese, vitamin E

- Plasma study: vitmain A, vitamin K,

- urine: niacin

-- Daily weight measurements

-- Weekly height measurements

Veleta RD, Laura S - 12/30/2018 14:26 MST

Instructions/Recommendations*Discharge Recommendation NS Summary :* Kenan will need regular long term follow up with a Registered Dietitian.

Veleta RD, Laura S - 12/30/2018 14:26 MST

Document Name:

Nutritional Follow Up - Communication

Result Status:

Auth (Verified)

Signed By:

Chacon,Tracey C (12/31/2018 07:51 MST)

Service Date/Time:

12/31/2018 07:51 MST

Nutritional Follow Up - Communication Entered On: 12/31/2018 7:57 MST

L = Low

H = High

C = Critical

* = Abnormal

^ = Interpretive Data

c = Corrected

f = Footnote

Printed: 2/24/2022 17:21 MST

Page 1,166 of 1,592

Report Request ID: 690868431

BDMC_KK 121818 001166 cyncn

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**NUTRITION DOCUMENTS****Performed On: 12/31/2018 7:51 MST by Chacon, Tracey C****Nutrition Follow Up/Communication**

Nutrition Communications : Calorie count results for day 2, Dec 30. Pt consumed a total of 1428 kcal and 63 g protein. Meals consisted of the following items: Breakfast- Gluten free blueberry muffin, turkey sausage, banana, applesauce, Cheerios (gluten free), rice milk, 100 ml water. Lunch- salmon, white rice, broccoli, peaches, red grapes. Dinner-Beef patty on gluten free bun, ketchup, roasted red potatoes, carrots, corn, lettuce leaf. Snack consisted of 1/4 chicken breast and 1/4 baked potato.

Calorie count continues. Meal preordered for each day by Diet Tech or RD.

Chacon, Tracey C - 12/31/2018 7:51 MST

Document Name:

Nutritional Follow Up - Communication

Result Status:

Auth (Verified)

Signed By:

Manz RD,Lindsey N (12/31/2018 14:41 MST)

Service Date/Time:

12/31/2018 14:41 MST

Nutritional Follow Up - Communication Entered On: 12/31/2018 14:52 MST**Performed On: 12/31/2018 14:41 MST by Manz RD, Lindsey N****Nutrition Follow Up/Communication***Nutrition Communications :*

Daily RD follow up:

Pt seen playing in the room with play doh with his sitter. Pt states he really likes the gluten free blueberry muffins, and he really liked yogurt.

1:1 sitter reports:

- Pt had a good po intake of breakfast this morning.
- he has been consuming all of 1 food item before moving on to the next one
- going for the sweeter foods like fruits first. Did not finish lunch today and was likely too full to get to some items
- ate 100% of his vanilla yogurt, 100% of his grapes, peas, and a banana this afternoon.
- no stool yet today. No emesis

DTR has been pre-ordering meals for the pt. There are multiple food allergies listed which were reported by mother of the child but have not been confirmed. Cow's milk protein was trialed this afternoon with the yogurt and pt is tolerating that very well so far.

Egg will be introduced tomorrow. Will hold off on introducing gluten containing foods until after the scope on Thursday.

MVI has been ordered.

Pt has a good po intake and appetite. He is tolerating the po diet well. Anticipate pt will be able to meet needs via po diet with minimal to no food restrictions at the time of discharge.

L = Low

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Printed: 2/24/2022 17:21 MST

Page 1,167 of 1,592

Report Request ID: 690868431

BDMC_KK 121818 001167 cync

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHARAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

NUTRITION DOCUMENTS

Suggest vitamin studies as recommended in previous RD assessments. Continuing the daily MVI, Ca + vit D as well. Pt may require short term additional B-complex + vit C to replete any deficits.

Plan:

- continue to monitor progression of po diet
- MVI with minerals daily
- daily weights, weekly heights
- consider adding pediatric Vit B-complex + vit C daily x 10-14 days

Manz RD, Lindsey N - 12/31/2018 14:41 MST

Document Name:	Nutritional Follow Up - Communication
Result Status:	Auth (Verified)
Signed By:	Chacon, Tracey C (1/1/2019 08:00 MST)
Service Date/Time:	1/1/2019 08:00 MST

Nutritional Follow Up - Communication Entered On: 01/01/2019 8:06 MST
Performed On: 01/01/2019 8:00 MST by Chacon, Tracey C

Nutrition Follow Up/Communication

Nutrition Communications : Day 3 calorie count results: Yesterday's estimated intake was 1442 kcal and 57 g protein.

Meals consisted of : Breakfast-Gluten free blueberry muffin, breakfast potatoes, turkey sausage, Cheerios, peaches, rice milk, banana.

Lunch-Peas, roast turkey, red grapes, apple. Pt did not eat the broccoli or potatoes ordered.

Snack- Vanilla yogurt

Dinner-Burger on gluten free bun, oranges. Pt did not eat broccoli, corn, orange juice or potatoes

Eggs ordered for breakfast today, will send snack later consisting of muffin and a banana, which seem to be one of Kenan's favorites.

Will trial a cheeseburger for lunch.

Chacon, Tracey C - 01/01/2019 8:00 MST

Document Name:	Nutritional Follow Up - Communication
Result Status:	Auth (Verified)
Signed By:	Chacon, Tracey C (1/2/2019 08:00 MST)
Service Date/Time:	1/2/2019 08:00 MST

Nutritional Follow Up - Communication Entered On: 01/02/2019 8:09 MST
Performed On: 01/02/2019 8:00 MST by Chacon, Tracey C

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**NUTRITION DOCUMENTS****Nutrition Follow Up/Communication**

Nutrition Communications : Calorie count results day 4: Pt consumed an estimated 1987 kcal and 93 g protein. Eggs and dairy have been introduced and patient has not had any reactions to these foods per nursing.

Breakfast: Pt ate turkey sausage, bacon ,scrambled eggs, berry yogurt. Did not touch juice or breakfast potatoes.

Snack: Gluten free blueberry muffing and a banana

Lunch: Cheeseburger on gluten free bun, bites of corn and peas, vanilla ice cream and an apple (Per sitter, patient did not know what the square yellow thing was on top of his burger (cheese) and did not know that he should not eat the core of the apple).

Dinner: Chick breast, peas, white rice with butter, peaches, Teddy Grahams, popsicle.

This morning patient was munching on Teddy Grahams from galley, which are not gluten free, while waiting for breakfast to arrive.

Chacon, Tracey C - 01/02/2019 8:00 MST

Document Name:

Nutritional Follow Up - Communication

Result Status:

Auth (Verified)

Signed By:

Manz RD,Lindsey N (1/2/2019 11:58 MST)

Service Date/Time:

1/2/2019 11:58 MST

Nutritional Follow Up - Communication Entered On: 01/02/2019 12:14 MST**Performed On: 01/02/2019 11:58 MST by Manz RD, Lindsey N****Nutrition Follow Up/Communication**

Nutrition Communications :

Pt reports that he likes cheese, cheeseburgers, and some fruits.

He consumed Teddy graham crackers (contains gluten) with no reaction. Discussed with Hospitalist, Physician ordered to DC gluten restriction.

Pt is eager to try pasta, mac and cheese, and pizza. When buttered noodles were offered, pt reported " I can't have butter. My Mom says that I can't have it". When fish stars were offered pt stated "I can't eat fish, my Mom says that it will make me be very sick if I eat it".

RD reassured pt multiple times that it is okay and good to try new foods, and that he will not get in trouble. RD explained to pt that 'when kids get big, sometimes they can eat things that they couldn't eat when they were little'. Pt accepted this and was willing to try new foods.

Tracey Chacon, DTR brought food flashcards. Pt was able to identify all the fruits presented on the flashcards without assistance. He later saw a picture of a blackberry on the pediatric menu, inquired as to what it was, then stated he wanted to try them with lunch.

Will continue to closely monitor po intake and tolerance. Will require ongoing MVI with mineral supplementation as well as additional Ca +D supplementation for underlying deficiencies.

Manz RD, Lindsey N - 01/02/2019 11:58 MST

L = Low H = High C = Critical

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Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001169 cyncn

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHARAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

NUTRITION DOCUMENTS

Document Name:	Nutritional Follow Up - Communication
Result Status:	Auth (Verified)
Signed By:	Carrizosa,Adrianna M (1/3/2019 11:07 MST)
Service Date/Time:	1/3/2019 11:07 MST

Nutritional Follow Up - Communication Entered On: 01/03/2019 11:13 MST
Performed On: 01/03/2019 11:07 MST by Carrizosa, Adrianna M

Nutrition Follow Up/Communication

Nutrition Communications : Day 5 calorie count results: Estimated 1791 kcal and 89 g protein.

Meals:

Breakfast- gluten free toast, 2 turkey sausage, eggs, strawberry yogurt.

Snack: blueberry muffin and banana

Lunch: cheeseburger, fruit and cheese plate (did not eat strawberries). Pt did not like cheese pizza that was ordered.

Dinner: 3 mini turkey corn dogs, 50% mac and cheese, banana.

Carrizosa, Adrianna M - 01/03/2019 11:07 MST

Document Name:	Nutritional Follow Up - Pediatric
Result Status:	Auth (Verified)
Signed By:	Manz RD,Lindsey N (1/3/2019 13:34 MST)
Service Date/Time:	1/3/2019 13:34 MST

Nutritional Follow Up - Pediatric Entered On: 01/03/2019 13:56 MST
Performed On: 01/03/2019 13:34 MST by Manz RD, Lindsey N

Subjective

Peds Nut F/U Tolerating Diet : Yes

Peds Nut F/U Appetite : Good

Peds Nut F/U Tolerate Nutrition Support : N/A

Peds Nut F/U Subjective Notes :

Pt seen at the front desk talking with staff and playing with his new fidget spinner.

1:1 sitter and pt's RN are both at lunch at time of visit.

Pt states he did not try peanut butter with teddy grahams, then stated that he didn't like it. Unable to confirm with other staff members as to whether or not pt put the peanut butter in his mouth.

Discussed with hospitalist this morning re: removing listed allergies from chart. Pt demonstrated good tolerance of gluten, milk products, and eggs. Plans are to trial peanuts and tree nuts while inpatient to identify vs rule out any potential

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote
Printed: 2/24/2022 17:21 MST Page 1,170 of 1,592 **Report Request ID:** 690868431

BDMC_KK 121818 001170 cycin

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**NUTRITION DOCUMENTS**

allergies or intolerances.

Per RN pt consumed 100% breakfast this morning consisting of french toast, fruit plate, and turkey sausage.

Manz RD, Lindsey N - 01/03/2019 13:34 MST

Objective

Peds Nut F/U Weight Date : 01/03/2019 MST

Peds Nut F/U Current Weight : 18.63 kg(Converted to: 41 lb 1 oz, 18,630 Gm)

Peds Nut F/U Weight Change/Day : [+] 126g/day gain x 5 days from 12/29 -1/3

Peds Nut F/U Current Nutrition Order : regular diet

Nutrition staff pre-ordering meals with a wide variety of foods

Peds Nut F/U Current IVF Order : None

Peds Nut F/U Clinical Symptoms : unable to ambulate without max assist
requiring O2 via NC

afebrile

Peds Nut F/U Labs : no new nutritionally pertinent labs in the past 72h

Peds Nut F/U Med Changes : Ca + vit D 2 tab BID

Ascorbic acid daily

MVI with minerals daily

Ethacrynic acid (may deplete K+, Ca, Mg, vit B1)

synthroid

Peds Nut F/U Objective Notes : I/O: 725/500

past 3 day kcal count results: 1791kcal, 89g protein, 1987kcal, 93g protein, 1428 kcal, 63g protein

3-day average intake: 1735kcal per day, 82g protein per day

Manz RD, Lindsey N - 01/03/2019 13:34 MST

Assessment

Peds Nut F/U Current Order Comment : 3-day average intake: 1735kcal per day, 82g protein per day

calculation weight: 18.6Kg

Kcal/kg : 93 Kcal/kg

Gm Prot/kg : 4.4

Assessment Nutrition Comments :

Estimated needs: 67kcal/kg, 0.95g protein/kg

3-day average intake met ~140% estimated kcal needs, and 463% estimated protein needs.

Pt is accepting foods from a variety of food groups. He is particularly fond of sweeter foods such as bananas, blueberry muffins, and grapes.

DTR has been pre-ordering meals for pt as he is reluctant to request some foods and still voices that he "cannot have [certain foods] because Mom says I can't tolerate it"

Pt has been willing to try new foods when they are presented to him on meal trays.

The majority of food allergies have been ruled out; we will need documentation of tolerance of vs. reaction to peanut and treenuts.

Pt should continue with the micronutrient supplementation after DC.

Dispo: foster care with possible DC tomorrow.

Manz RD, Lindsey N - 01/03/2019 13:34 MST

Plan

Peds - Nutrition Plan Rev. : Monitor tolerance of diet and/or transition to PO Feeds

Peds Nutrition Goals : see IPOC: nutrition deficit

Recommendations:

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote

Printed: 2/24/2022 17:21 MST

Page 1,171 of 1,592

Report Request ID: 690868431

BDMC_KK 121818 001171 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**NUTRITION DOCUMENTS**

-- continue Ca + vit D, Ascorbic Acid, and MVI with mineral supplementation while in the hospital and to continue after discharge.

-- Gluten, soy, vegetable based oil, and dairy allergies removed from diet order

-- trial peanuts and tree nuts while in the hospital

-- continue regular diet

Manz RD, Lindsey N - 01/03/2019 13:34 MST

Instructions/Recommendations

Discharge Recommendation NS Summary : Kenan is on a regular diet.

He will need to continue to take the pediatric multi-vitamin with minerals, Calcium plus vitamin D, and vitamin C supplements at home.

Healthy Nutrition for Boys and Girls

* Aim for at least half of your child's grains to be whole grains. Examples of whole grains include oatmeal, brown rice, whole wheat flour, bulgur, and cornmeal.

* Choose lean meats, poultry, fish, soy foods, low-fat dairy foods, dried beans and peas, and nuts for your child's protein. If you are a vegetarian, focus on beans, nuts, and other meat alternatives such as tofu or other soy foods.

* Choose a variety of fruits. Fresh, frozen, dried, and canned fruits (in light syrup or their own juice) are all good choices. If your child drinks juice, choose 100% fruit juice and limit him to 1 cup or less per day.

* Encourage your child to eat a variety of vegetables. Include vegetables of many different colors, including orange, yellow, red, and dark green. Fresh, frozen, and canned vegetables are all good options.

* Aim for 3 servings of dairy or dairy substitute products a day, such as milk, yogurt, and cheese.

* Limit intake of sugary drinks such as sports drinks, soda, and Kool aid. These drinks provide excess calories and a lot of sugar. Your child should drink mainly water to stay hydrated.

* Limit your child's intake of high calorie snacks and desserts such as Taki's, Hot Cheetos, ice cream, cakes, cookies, pies. Choose fruit instead for dessert.

Manz RD, Lindsey N - 01/03/2019 13:34 MST

Document Name:

Result Status:

Signed By:

Service Date/Time:

Nutritional Follow Up - Communication

Auth (Verified)

Chacon, Tracey C (1/4/2019 07:41 MST)

1/4/2019 07:41 MST

Nutritional Follow Up - Communication Entered On: 01/04/2019 7:43 MST**Performed On: 01/04/2019 7:41 MST by Chacon, Tracey C****Nutrition Follow Up/Communication**

L = Low H = High C = Critical

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Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001172 cych

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

NUTRITION DOCUMENTS

Nutrition Communications : Day 6 calorie count results. Pt consumed a total of 1697 kcal and 80 g protein.

Breakfast: French toast, turkey sausage, melon, yogurt
 Lunch: Chicken quesadilla, mac and cheese, peas, carrots.
 Dinner: Grilled chicken pasta, zucchini, oatmeal raisin cookie, apple.

Chacon, Tracey C - 01/04/2019 7:41 MST

Document Name:	Nutritional Follow Up - Communication
Result Status:	Auth (Verified)
Signed By:	Manz RD,Lindsey N (1/4/2019 13:34 MST)
Service Date/Time:	1/4/2019 13:34 MST

Nutritional Follow Up - Communication Entered On: 01/04/2019 13:44 MST
Performed On: 01/04/2019 13:34 MST by Manz RD, Lindsey N

Nutrition Follow Up/Communication

Nutrition Communications :

Pt continues to eat well.

Kenan has already tried dairy products (including cow's milk with cereal this morning), gluten containing foods, foods with soy lecithin, eggs, fish, peanut butter, and plant based oils without demonstrating any signs of an allergic reaction.

This afternoon tree nuts were tried. Pt consumed 2 cashews, 1 almond, and half of a walnut and did not demonstrate any allergic reaction. He was also offered a honey roasted peanut which he initially did not wish to try because "we are not allowed to have any sugar".

Pt later tasted the peanuts. No reaction, did not like the taste.

All major allergens aside from shellfish have been trialed and pt has not demonstrated any food allergies. We will continue to monitor intake on a regular unrestricted diet. Kenan has been meeting his estimated kcal requirements.

Manz RD, Lindsey N - 01/04/2019 13:34 MST

Document Name:	Nutritional Follow Up - Communication
Result Status:	Auth (Verified)
Signed By:	Carrizosa,Adrianna M (1/5/2019 15:40 MST)
Service Date/Time:	1/5/2019 15:40 MST

Nutritional Follow Up - Communication Entered On: 01/05/2019 15:47 MST
Performed On: 01/05/2019 15:40 MST by Carrizosa, Adrianna M

Nutrition Follow Up/Communication

Nutrition Communications : Day 7 calorie count results: total 1916 kcal and 63 g protein

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote
Printed: 2/24/2022 17:21 MST Page 1,173 of 1,592 **Report Request ID:** 690868431

BDMC_KK 121818 001173 cycin

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**NUTRITION DOCUMENTS**

Breakfast: eggs, turkey sausage, berry yogurt
snack: teddy grahams, banana, gluten free muffin
Lunch: 2 bites salmon, grapes, 2 gluten free muffin
Dinner: chicken quesadilla, zucchini, peas

Carrizosa, Adrianna M - 01/05/2019 15:40 MST

Document Name:

Nutritional Follow Up - Communication

Result Status:

Auth (Verified)

Signed By:

Carrizosa,Adrianna M (1/6/2019 15:45 MST)

Service Date/Time:

1/6/2019 15:45 MST

Nutritional Follow Up - Communication Entered On: 01/06/2019 15:47 MST**Performed On: 01/06/2019 15:45 MST by Carrizosa, Adrianna M****Nutrition Follow Up/Communication***Nutrition Communications :* Calorie count day 8: Pt consumed an est 1582 kcal and 65 g protein

Breakfast: 8 oz eggs, french toast, 1/2 slice of bacon, vanilla yogurt
Lunch: blueberry muffin, 10% french fries, banana, mac and cheese, 25% of peas
Dinner: peas, melon

Carrizosa, Adrianna M - 01/06/2019 15:45 MST

L = Low H = High C = Critical

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c = Corrected

f = Footnote

Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001174 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**NUTRITION DOCUMENTS**

Document Name: Nutritional Follow Up - Communication
Result Status: Modified
Signed By: Chacon,Tracey C (1/7/2019 08:10 MST); Chacon,Tracey C (1/7/2019 08:06 MST)
Service Date/Time: 1/7/2019 08:06 MST

Nutritional Follow Up - Communication Entered On: 01/07/2019 8:10 MST
Performed On: 01/07/2019 8:06 MST by Chacon, Tracey C

Nutrition Follow Up/Communication

Nutrition Communications : Calorie count results from 1/6/19: Pt had multiple meals ordered, only consumed 492 kcal and 23 g protein from eggs at breakfast, mac and cheese and peas at lunch. No tray ticket in folder for dinner.

Chacon, Tracey C - 01/07/2019 8:10 MST

~~{ [Calorie count results from 1/6/19: Pt had multiple meals ordered, only consumed 492 kcal and 23 g protein from eggs at breakfast, mac and cheese and peas at lunch.] — previously charted by Chacon, Tracey C at 01/07/2019 8:06 MST};~~

Document Name: Nutritional Follow Up - Communication
Result Status: Auth (Verified)
Signed By: Manz RD,Lindsey N (1/7/2019 18:19 MST)
Service Date/Time: 1/7/2019 18:19 MST

Nutritional Follow Up - Communication Entered On: 01/07/2019 18:24 MST
Performed On: 01/07/2019 18:19 MST by Manz RD, Lindsey N

Nutrition Follow Up/Communication*Nutrition Communications :*

RD visited with pt during dinner meal.

Pt with flat affect, unwilling to talk with RD. He would not eat any of his food. 1:1 sitter was packing up all of patient's belongings at the time of visit. Pt was then told by RN that he was going to be taken care of by the foster Mom for a while.

Pt became very tearful and stated that he wants to see his Mom.

Per staff, affect has been flat all day but he had been eating earlier. Pt is likely not willing to eat dinner due to emotional distress.

Recommendations:

- continued MVI with minerals and vitamin D supplementation after discharge
- regular diet as tolerated
- follow up with nutrition in the outpatient setting

Manz RD, Lindsey N - 01/07/2019 18:19 MST

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**ED REPORTS**

Blood Draw Site Laterality

Left

Blood Draw Time

12/18/18 15:05

Document Name:

.Emergency Room Report

Result Status:

Auth (Verified)

Signed By:

LUMA MD,JAYSON A (12/18/2018 17:24 MST)

Service Date/Time:

12/18/2018 12:43 MST

General problem/complaint

Patient: KAHRAMAN, KENAN TROY **MRN:** 1709723 **FIN:** 86693868
Age: 6 years **Sex:** Male **DOB:** 09/27/2012
Associated Diagnoses: None
Author: LUMA MD, JAYSON A

Basic Information**History source:** Patient, mother, father.**Arrival mode:** Private vehicle, Carried, not walking.**Additional information:** Chief Complaint from Nursing Triage : Chief Complaint
12/18/2018 11:45 MST

12/18/2018 11:41 MST

Chief Complaint

Pt. with increased lethargy, swelling to face and hands interm per mom. pt. not wanting to walk. mom states pt. with decreased urine output and decreased BM per his normal. No immunizations per mom
Pt. with increased lethargy, swelling to face and hands interm per mom. pt. not wanting to walk. mom states pt. with decreased urine output and decreased BM per his normal.

Provider patient care initiated: 12/18/18 12:01 .

History of Present Illness

This is a 6-year-old male who comes in with the mother and father who report a convoluted disjointed history of a child whose had multiple "chemical allergies" throughout his life however on or about October 2 he and his fraternal twin brother but began to decline in a rapid fashion with respect to walking and since then this child has not walked. The mother reports that "he is not immunized. I see a family practitioner Dr. Jensen and a natural pathic doctor which I am sure you do not agree with. I myself from an acupuncturist and we have him on a certain beef stock diet called a gap diet. We believe he is being exposed to certain chemicals such as the markers from the dry erase boards at school and because of this is so sensitive that he does not walk anymore. "The mother reports that she has been seen by a neurologist (Dr. Crawford) who told me really this does not look like a neurological problem. Unless you want I would just send him to rheumatology. She also said that "he ordered an MRI and an EMG but felt that this was more of a rheumatological problem. We also have a appointment with a geneticist but they are all 3 months out. "There is no family history of muscular degenerative disorders in the family. The child had no precipitating illness such as a viral illness or any vaccines clearly as noted above. The mother reported that the child was being bullied at school and they initially attributed the child's refusal to walk to knee pain from being "knocked down on the playground by a bigger kid ". Since then the older brother with "neurological physical therapy "has been able to gain some strength back but clearly does not ambulate. The mother showed me videos of both children in PT however this child who is currently here today scoots around the house since October. The child has had no fevers but mom has noticed some degree of muscle wasting. She brings the child in today because of diffuse edema that she is noted over the last 2 weeks in particular. "I have noticed that he has been swollen particularly around his feet. We brought him to Phoenix Children's Hospital about 6 weeks ago and they did blood work and everything was normal including his CPK ". The mother further goes on to state that "I think it is just chemical sensitivity but we really want to just make sure his liver is normal today. "Interestingly both this child and his older brother on or around the same time had rapid decline. The older brother is now "walking fairly normally but these kids were in taekwondo and played avid tennis just before all this. ". The mother reports that this child has had complaints of bilateral feet pain but has not had any red or stiff swollen joints. She reports that the child has normal intellect. She reports that the child is on a broth diet or Stock diet with respect to animal fats and at the child has no carbohydrates in his diet. She denies any color change to the urine. She reports that usually "I feed him Lamb balls. All he eats is the New Zealand Lamb because it is pure and without chemical but even now he will not eat that "... There have been no color change to his urine..

L = Low H = High C = Critical

* = Abnormal

^ = Interpretive Data

c = Corrected

f = Footnote

Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001187 cych

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

ED REPORTS

Review of Systems

Constitutional symptoms: Weakness, fatigue, decreased activity, no fever, no chills, no sweats.
Skin symptoms: No jaundice, no rash, no pruritus.
Eye symptoms: No recent vision problems,
ENMT symptoms: No sore throat,
Respiratory symptoms: No shortness of breath, no cough.
Cardiovascular symptoms: No chest pain, no tachycardia.
Gastrointestinal symptoms: No abdominal pain, no nausea, no vomiting, no diarrhea, no constipation, no rectal bleeding, no rectal pain.
Genitourinary symptoms: No dysuria, no hematuria, no discharge, no testicular pain.
Musculoskeletal symptoms: No back pain, no Muscle pain.
Neurologic symptoms: No headache, no dizziness.
Psychiatric symptoms: No anxiety, no depression.
Endocrine symptoms: Negative except as documented in HPI.
Hematologic/Lymphatic symptoms: Negative except as documented in HPI.
Allergy/immunologic symptoms: Negative except as documented in HPI.
Additional review of systems information: All other systems reviewed and otherwise negative.

Health Status

Allergies:

Allergic Reactions (Selected)

Severity Not Documented

Salicylates- No reactions were documented.

Nonallergic Reactions (Selected)

Mild

Sulfa drugs- No reactions were documented..

Medications: None.

Immunizations: Immunizations (ST)

Immunization Info , Parent refusal to allow immunization: No previous immunizations, not up to date.

Past Medical/ Family/ Social History

Medical history:

Resolved

None (387958016): Resolved.

Autism (440F4091-C263-460A-8F78-6DF2032D0558): Resolved., Reviewed as documented in chart.

Surgical history:

None (387958016).., Reviewed as documented in chart.

Family history:

No family history items have been selected or recorded., Reviewed as documented in chart.

Social history: Family/social situation: Intact family, lives with parent(s), no concerns of abuse, not concerns of neglect.

Problem list: Per nurse's notes.

Additional Past History: globally and cognitively developmentally appropriate _6_ year old.

Physical Examination

Vital Signs

Time: 12/18/2018 13:01:00.

VITALS

Temp C - 36.1 DegC

Temp F - 97.0 Deg F

Heart Rate - 70 bpm 12/18/18 11:43

Respiratory Rate - 20 br/min 12/18/18 11:43

SpO2 - 97 % 12/18/18 11:43

MAX TEMP 24HRS

Temp C - 36.1 DegC .

OXYGENATION VITAL SIGNS

12/18/2018 11:41 MST SpO2 97 % .

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote
 Printed: 2/24/2022 17:21 MST Page 1,188 of 1,592 Report Request ID: 690868431

BDMC_KK 121818 001188 cych

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHARAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

ED REPORTS

HEIGHT/WEIGHT

12/18/2018 11:45 MST Weight 17.98 kg .

General: No acute distress, As I enter the room the child is sitting crosslegged between his mother's legs hunched over with sunglasses on. He appears to continually stare at an unopened toy., not anxious, not ill-appearing.

Skin: Dry, intact, no rash, normal for ethnicity, pale, **No bruises**

, **No purpura/petechiae** , Child has notable periorbital and infraorbital edema around the head jawline and cheeks obliterating the angle of the mandible bilaterally.

The child also has generalized edema along the belly consistent with anasarca and potential ascites. He has dependent edema in the scrotum feet and hands., Not cyanotic,

Head: Normocephalic, atraumatic, Hair appears sparse and wiry.

Neck: Supple, trachea midline, no tenderness, no carotid bruit.

Eye: Pupils are equal, round and reactive to light, extraocular movements are intact, normal conjunctiva, vision unchanged.

Ears, nose, mouth and throat: Tympanic membranes clear, oral mucosa moist, no pharyngeal erythema or exudate.

Cardiovascular: Regular rate and rhythm, No murmur, Normal peripheral perfusion, No edema.

Respiratory: Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal, Symmetrical chest wall expansion, Decreased aeration to the bases bilaterally. Notable egophony on the right.

Chest wall: No tenderness, No deformity.

Back: Nontender, Normal range of motion, Normal alignment.

Musculoskeletal: Normal ROM, normal strength, no tenderness, no deformity, Child has 2-3+ pitting edema around the ankles.

Gastrointestinal: Soft, Non distended, Normal bowel sounds, No organomegaly, Notable distention with what appears to be a fluid wave, Signs: McBurney's negative.

Genitourinary: Normal genitalia for age, no tenderness, no discharge, no lesions, Notable suprapubic edema and some degree of scrotal edema.

Neurological: Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, CN II-XII intact, normal sensory observed, normal speech observed, normal coordination observed, normal and symmetrical reflexes, Child is unable to walk on his own however does not make significant attempts to do so, No normal motor observed,

Psychiatric: Cooperative, appropriate mood & affect.

Medical Decision Making

Differential Diagnosis: Nephrotic syndrome, nephritic syndrome, muscular dystrophy, acute disseminated encephalomyelitis, transverse myelitis, Kwashikor marasmus, protein deficiency, neglect, Munchhausen by proxy.

Rationale: Overall this is a concerning picture. This child will not ambulate. The sudden onset with respect to both children is concerning to me and does potentially suggest a Munchhausen type picture. I will therefore send urine and hair for heavy metal exposure such as arsenic and/or mercury. There is no evidence of congestive heart failure at this point I will not obtain an echo. I will however obtain a beta natriuretic peptide. That being said, I would pursue aggressively all angles with respect to an organic process such as a muscular dystrophy or potentially a neurological disorder. The mother spoke at length about a potential rheumatological issue and while this is possible it is unlikely given the fact that he has not had arrest of linear height velocity and this is a relatively new onset over the last 2 months or so. The child clearly has edema and anasarca. He does appear malnourished with respect to his overall pallor and wiry hair with sparsity. That being said I will obtain broad-spectrum blood work including a CBC, SMA-20, lipase, magnesium level, urinalysis and CPK. I will also obtain a chest x-ray as I do appreciate some dimness in the bases bilaterally with the clear evidence suggesting edema of a dependent type I am concerned about a potential pleural effusion. His blood pressure was not yet done but I am ordering blood pressures although his heart rate is normal and he appears hemodynamically stable and well. There is no evidence of a clear lower motor neuron issue to suggest something like transverse myelitis. I will obtain an ultrasound of the abdomen is well to evaluate the kidneys and liver as well. Consider social work involvement as an inpatient..

Orders Import Selected Orders (Selected)

Inpatient Orders

Ordered

Blood Collect:

Dextrose 5% NaCl 0.45% + KCL 20 mEq/L 1,000 mL: 80 mL/hr, IV Cont Infusion

ED Potential Admit or Observation Communication:

Insert Peripheral IV:

J Tip - Buffered Lidocaine 1%: 2 mg, 0.2 mL, SubCutaneous, On Call

Urine Collect:

Ordered (Dispatched)

CBC (WITH Differential):

CH50:

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Report Request ID: 690868431

BDMC_KK 121818 001189 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**ED REPORTS**

CHOL Serum:
CMP (Includes GFR):
CPK:
Chloride, Random Urine:
Complement C3:
Drug Screen - Abuse, Urine:
Lipase Serum:
MG Serum:
PT (Protime)/INR:
PTT (APTT):
Potassium, Random Urine:
Prealbumin:
Sodium, Random Urine:
Urinalysis, with mandatory microscopic:
Ordered (Exam Ordered)
Chest PA + Lat:
US Abdominal Complete:
Completed
ED Assessment:
ED Pediatric Triage Part 1:
ED Pediatric Triage Part 2:
PESOT:
POCPANEL:
Personal Belongings: .

Results review: Lab results : LABORATORY
12/18/2018 15:05 MST

WBC	7.4 K/MM3
RBC	4.55 M/MM3
HGB	13.9 g/dL
HCT	41.7 %
MCV	92 fL H
MCH	30.5 pg
MCHC	33.3 g/dL
RDW-CV	17.5 % H
RDW-SD	57.1 fL H
Nucleated RBCs, Automated	0 %
Platelet	151 K/MM3
MPV	9.9 fL
Differential Method	Automated
Neutrophils #	3.2 K/uL
Lymphocytes #	3.5 K/uL
Monocytes #	0.6 K/uL
Eosinophils #	0.0 K/uL
Basophils #	0.1 K/uL
Immature Granulocytes #	0.1 K/uL
Neutrophils %	43 NA
Lymphocytes %	47 NA
Monocytes %	8 NA
Eosinophils %	0 NA
Basophils %	1 NA
Immature Granulocytes %	0.8 % NA
Protime	14.8 second(s) H
INR	1.3 H
APTT	25.6 second(s)
Glucose Level	56 mg/dL L
BUN	15.5 mg/dL
Creatinine	0.33 mg/dL L
eGFR (non-African Descent)	See Comment mL/min/1.73 m2
eGFR (African Descent)	See Comment mL/min/1.73 m2
BUN/Creat Ratio	47 H
Sodium	137 mmol/L

12/18/2018 13:25 MST

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Report Request ID: 690868431

BDMC_KK 121818 001190 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHARAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**ED REPORTS**

12/18/2018 12:43 MST

Potassium	3.8 mmol/L
Chloride	98 mmol/L
CO2	13 mmol/L L
Anion Gap	26 H
Magnesium	2.6 mg/dL H
Calcium	8.8 mg/dL
Protein, Total	7.1 g/dL
Albumin	4.2 g/dL
Alb/Glob Ratio	1.4
Bilirubin Total	1.0 mg/dL
Lipase Level	23 U/L
AST	43 U/L
ALT	45 U/L H
Alkaline Phos	85 U/L L
CK, Total	376 U/L H
NT-proBNP	12,567 pg/mL H
Prealbumin	10 mg/dL L
Amphetamine Screen, UR	Negative
Barbiturate Screen, UR	Negative
Benzodiazepine Screen, UR	Negative
Cannabinoid (THC) Screen, UR	Negative
Cocaine Screen, UR	Negative
Methadone Screen, UR	Negative
Opiate Screen, UR	Negative
Oxycodone Screen, UR	Negative
Phencyclidine Screen, UR	Negative
DSAU Comment	See Note
Color, UR	Yellow
Appearance, UR	Hazy
Glucose, UR	Negative mg/dL
pH, UR	6.0
Ketones, UR	20(Small) mg/dL
Protein, UR	30 mg/dL
Bilirubin, UR	Negative
Blood, UR	0.20(Moderate) mg/dL
Urobilinogen, UR	Normal mg/dL
Specific Gravity, UR	1.021
Nitrite, UR	Negative
Leukocyte esterase, UR	Negative mg/dL
WBC, UR	6-10 /HPF
RBC, UR	3-10 /HPF
Non-Squamous Epithelial, UR	1-5 /HPF
Mucus, UR	Present /HPF
Sodium, UR	25 mmol/L NA
Na, Normalized to Creat	24 mmol/g creat
Potassium, UR	39 mmol/L NA
K, Normalized to Creat	41 mmol/g creat
Chloride, UR	40 mmol/L NA
Cl, Normalized to Creat	44 mmol/g creat
Creatinine, UR	94.1 mg/dL
Creatinine, UR	94.1 mg/dL
Creatinine, UR	94.1 mg/dL
Glucose POC	44 mg/dL C
Glucose Comments POC	Bedside Glucose
Specimen Type POC	Capillary

12/18/2018 11:40 MST

, Medical Imaging (ST)

Radiology Results:

L = Low H = High C = Critical

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f = Footnote

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Report Request ID: 690868431

BDMC_KK 121818 001191 cycin

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

ED REPORTS

DIAGNOSTIC RADIOLOGY

Chest PA + Lat - Entered by: DeLizio RT, Sydney S - 12/18/2018 13:51

Chest x-ray two-view. Comparison study: None Clinical Information: Generalized edema. Possible pleural effusion Findings: The cardiac silhouette is within the upper limits of normal in size. The frontal chest image is rotated to the left side. The lungs are clear. There is minimal left-sided pleural effusion No evident acute bony abnormality. Impression: Minimal left-sided pleural effusion. The workstation used in generating this report was CRIPHX1834512.

ULTRASOUND

US Abdominal Complete - Entered by: Worhack, Taylor - 12/18/2018 14:55

Exam: Abdominal ultrasound complete. Clinical information: Generalized edema. Anasarca. Findings: The liver appeared normal in echogenicity and showed no focal abnormalities. It measured approximately 11.2 cm in craniocaudal dimension. Nobile duct dilatation. The CBD measured approximately 1.0 mm. The gallbladder showed no stones, sludge or wall thickening. The pancreas was unremarkable. The right kidney measured approximately 8 point cm in length the left kidney approximately 7.8 cm., Within normal limits The kidneys appeared normal in echogenicity and showed no focal abnormality or collecting system dilatation. The spleen was unremarkable. It measured approximately 7.1 cm in craniocaudal dimension. The visualized portions of the aorta and IVC were unremarkable. A small amount of ascites was seen in the upper abdomen. A moderate amount of ascites was seen in the pelvis. There was evidence for some debris within the urinary bladder. Impression: Ascites. The solid organs show no obvious abnormality. Debris in the urinary bladder. This can be seen with infection, hemorrhagic blood products, protein or crystal deposition. Please correlate clinically. The workstation used in generating this report was CRIPHX1834512.

, Interpretation Abnormal results Increased PT suggesting of mild hepatic dysfunction. This is also further example 5 by very minimal transaminase elevation..

Reexamination/ Reevaluation

Time: 12/18/2018 15:26:00 .

Vital signs

per nurse's notes

Course: improving, progressing as expected, well controlled.

Assessment: Pro beta natriuretic peptide greater than 12,500 which is concerning for potential right ventricular dysfunction. He also has some degree of elevated LFTs which could suggest vascular congestion and right-sided heart strain. He has a left-sided pleural effusion and a pre-albumin of 10.

Child may have some degree of mild CHF for which I have ordered a echo at this point secondary to nutritional deficiency. He does have a very mild amount of proteinuria in the kidney however he is renal function is normal and I do not believe this is the primary source of the issue. At this point I believe more likely that it is a nutritional deficiency causing the resultant edema secondary to low oncotic pressure and subsequent CHF.,

Pre-albumin is 10 and given low total protein will likely give IV albumin..

Interventions: Ultrasound tech arrives at 3:35 PM..

Time: 12/18/2018 15:51:00 .

Course: progressing as expected, well controlled.

Assessment: Heart size is generous with some degree of cardiomegaly noted on x-ray we will give half a gram per kilogram of 25% albumin followed by a milligram per kilogram IV of Lasix., Consult pharmacy as child has suspected allergy to sulfa. Will also discuss with mom..

Interventions: PowerOrders

Pharmacy:

albumin human 25% (Peds) (Order): 9 Gm, IV Piggyback, Once.

Time: 12/18/2018 16:41:00 .

Vital signs

results included from flowsheet : BASIC VITAL SIGNS

12/18/2018 16:25 MST AVPU

Alert and responsive

per nurse's notes

Course: progressing as expected, well controlled.

Assessment: Case discussed with Dr. Joseph who feels that this is not related to any type of kidney abnormality. He reports that the albumin is normal and the proteinuria is not significant as such to cause this degree of edema. I have also spoken to Dr. Boettcher from in the pediatric ICU and I am appreciative of her willingness to assume care of this child. I believe the child needs close observation. It is unclear as to the etiology at this point the child's edema and I am concerned about potential right heart strain, venous congestion, hepatic congestion and potential pulmonary hypertension as such..

Interventions: PowerOrders

Patient Care:

Admit To Inpatient (Order): 12/18/2018 16:50 MST, Admitting Physician BUTTRAM, SANDRA DW, ICU/PICU/NICU, Standard Precautions, Cardiac Monitoring, Edema, anasarca, Semi Private Room.

Time: 12/18/2018 17:17:00 .

Course: improving, progressing as expected, well controlled.

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote

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Report Request ID: 690868431

BDMC_KK 121818 001192 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**ED REPORTS**

Assessment: Has severe pulmonary hypertension on echocardiogram with right ventricular pressures quarters of systemic pressures are potentially higher although it was a poor study because the child was crying. I did discuss this with Dr. Miga who feels that the child has severe chronic pulmonary hypertension of unknown etiology potentially of an idiopathic nature. That being said he feels the child needs Lasix however after discussion with Dr. Miga and noting that the child's albumin is normal we will get a hold off on giving him albumin in favor of diuretic/Lasix 1 mg/kg x1. The child will likely need a CT scan of his chest, pulmonary consult and diuretic therapy with ongoing evaluation as to the etiology of his pulmonary hypertension and subsequent CHF.

Procedure**Critical care note**

Total time: 90 minutes spent engaged in work directly related to patient care and/ or available for direct patient care, exclusive of procedure time, which included None.

Critical condition(s) addressed for impending deterioration include: cardiovascular, central nervous system, metabolic.

Associated risk factors: dehydration, Cardiac dysfunction.

Management: bedside assessment, supervision of care, Interpretation (chest x-ray, cardiac output measures), Case review (medical specialist, nursing), Alternate history family.

Treatment response: Fair-good.

Performed by: self.

Procedure notes:

maintaining n.p.o. status

Impression and Plan**Diagnosis**

Malnutrition, generalized edema, anasarca

Pulmonary hypertension, venous congestion, hepatic congestion

Calls-Consults

- 12/18/2018 15:37:00 , JOSEPH MD, MARK WILLIAM, Pediatric nephrology, phone call, consult.
- 12/18/2018 15:55:00 , Guthrie RPh, Emily, Clinical pharmacist, consult, recommends We will speak to the mother about potential allergy to sulfa and if it is something we should be concerned about.
- 12/18/2018 16:44:00 , BUTTRAM, SANDRA DW, Intensivist, consult, agrees with my plan and accepts the patient.
- 12/18/2018 17:24:00 , MIGA MD, DANIEL EDWARD, Pediatric cardiology, phone call, consult, recommends Severe pulmonary hypertension. Pressures 2/3-3/4 systemic at least although the child was crying because it was not a good study. I will walk and talk to Dr. Butler and personally admit the child up in the ICU..

Plan

Condition: Improved, Stable.

Disposition: Admit: Pediatrics, Patient care transitioned to: Time: 12/18/2018 16:45:00, BUTTRAM, SANDRA DW.

Counseled: Family, Regarding diagnosis, Regarding diagnostic results, Regarding treatment plan, Regarding prescription, Parent understood.

Notes: I have discussed this case with Dr. Buttram's and she agrees with my plan and course of action. She has accepted the admission..

Document Name:

ED Pediatric Triage Part 1 Form

Result Status:

Auth (Verified)

Signed By:

Kandiyeli RN,Micah A (12/18/2018 11:41 MST)

Service Date/Time:

12/18/2018 11:41 MST

ED Pediatric Triage Part 1 Entered On: 12/18/2018 11:43 MST
Performed On: 12/18/2018 11:41 MST by Kandiyeli RN, Micah A

ED Triage

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote
Printed: 2/24/2022 17:21 MST Page 1,193 of 1,592 **Report Request ID:** 690868431

BDMC_KK 121818 001193 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**ED REPORTS**

Chief complaint : Pt. with increased lethargy, swelling to face and hands interm per mom. pt. not wanting to walk. mom states pt. with decreased urine output and decreased BM per his normal.

ED Chief Complaint Injury Related : No**ED Admitted Via :** Ambulatory/POV**Preferred Communication Language :** English**Pregnancy Status :** N/A**ED Menstrual History :** N/A**ED Document Pregnancy History :** N/A**Temp C :** 36.1 DegC**Temperature Site :** Axillary**Heart Rate :** 70 bpm**Pain Present :** No actual or suspected pain**Respiratory Rate :** 20 br/min**SpO2 :** 97 %**Smart Template Height & Weight :** HT & WT

Kandiyeli RN, Micah A - 12/18/2018 11:41 MST

DCP GENERIC CODE**Tracking Acuity :** 2**Tracking Group :** 05 ED BDMC

Kandiyeli RN, Micah A - 12/18/2018 11:41 MST

(As Of: 12/18/2018 11:43:34 MST)

Diagnoses(Active)**Lethargy****Date:** 12/18/2018 ; **Diagnosis Type:** Reason For Visit ;**Confirmation:** Complaint of ; **Clinical Dx:** Lethargy ;**Classification:** Interdisciplinary ; **Clinical Service:****Non-Specified ; Code:** ICD-10-CM ; **Probability:** 0 ; **Diagnosis****Code:** R53.83**Low blood sugar****Date:** 12/18/2018 ; **Diagnosis Type:** Reason For Visit ;**Confirmation:** Complaint of ; **Clinical Dx:** Low blood sugar ;**Classification:** Interdisciplinary ; **Clinical Service:****Non-Specified ; Code:** ICD-10-CM ; **Probability:** 0 ; **Diagnosis****Code:** E16.2**Document Name:**

ED Pediatric Triage Part 2 Form

Result Status:

Auth (Verified)

Signed By:

Rogers RN,Tanya (12/18/2018 11:46 MST)

Service Date/Time:

12/18/2018 11:45 MST

ED Pediatric Triage Part 2 Entered On: 12/18/2018 11:49 MST**Performed On: 12/18/2018 11:45 MST by Rogers RN, Tanya****General Information**

Chief Complaint : Pt. with increased lethargy, swelling to face and hands interm per mom. pt. not wanting to walk. mom states pt. with decreased urine output and decreased BM per his normal. No immunizations per mom

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote

Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001194 cycin

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**ED REPORTS**

Go to Social History : Document social history
Go to RAP (Rapid Action Plan) Triggers : Document RAP triggers
Go to Allergies/Home Medications : Document allergies/home medications
ED Document Glasgow Coma Scale : Document glasgow coma scale
Procedure history : Document procedure history
ED Document Problem List : Document problem list
Date/Time Chief Complaint/Symptoms Began : 12/17/2018 9:00 MST
Location Chief Complaint/Symptoms Began : Home/residence
Complaint Behavioral/Emotional Component : No
Preferred Communication Language : English

Rogers RN, Tanya - 12/18/2018 11:46 MST

Image 1 - Images currently included in the form version of this document have not been included in the text rendition version of the form.

Social History.Social History

(As Of: 12/18/2018 11:49:26 MST)

Tobacco:

***Current Review Date: 6/5/2013. Status: Never smoker.
(Last Updated: 06/05/2013 12:37:57 MST by Schuh RN, Starla)
Exposure to secondhand smoke: No. (Last Updated:
12/18/2018 11:47:35 MST by Rogers RN, Tanya)

Alcohol:

***Current Review Date: 6/5/2013. Is the Patient Alone: No.
***Suspected Abuse/Neglect Observation: No signs or
symptoms observed. (Last Updated: 06/05/2013 12:37:46 MST
by Schuh RN, Starla)

Home/Environment:

***Current Review Date: 6/5/2013. ***Actual/Potential
Malnutrition/Inadequate Nutrition: None. (Last Updated:
06/05/2013 12:37:52 MST by Schuh RN, Starla)

RAP (Rapid Action Plan) Triggers

ED RAP Assessment : 1 None

Rogers RN, Tanya - 12/18/2018 11:46 MST

Allergies/Med List

(As Of: 12/18/2018 11:49:26 MST)

Allergies (Active)

salicylates

Created By: Contributor_system, AMB_MIG_NEXTGEN_SYS;
Reaction Status: Active ; *Category:* Drug ; *Substance:*
salicylates ; *Updated By:* Contributor_system,
AMB_MIG_NEXTGEN_SYS; *Reviewed Date:* 04/26/2016 5:01
MST

sulfa drugs

Estimated Onset Date: Unspecified ; *Created By:* Dunn RN,
Margaret; *Reaction Status:* Active ; *Category:* Drug ;

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Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001195 cycin

Banner Health
 BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

ED REPORTS

Substance: sulfa drugs ; *Type:* Sensitivity ; *Severity:* Mild ;
Updated By: Dunn RN, Margaret; *Reviewed Date:* 04/26/2016
 5:01 MST

Medication List

(As Of: 12/18/2018 11:49:26 MST)

No Known Home Medications

Rogers RN, Tanya - 12/18/2018 11:47:54

Glasgow Coma Score

Eye Opening Response Peds Coma : Spontaneously
Best Verbal Response Peds Coma : Oriented and converses
Best Motor Response Peds Coma : Obeys
Pediatric Coma Score : 15

Rogers RN, Tanya - 12/18/2018 11:46 MST

Surgical/Procedural History.

Procedure History

(As Of: 12/18/2018 11:49:26 MST)

Anesthesia Minutes: 0 ; *Procedure Name:* None ; *Procedure Minutes:* 0

Problem List/Diagnosis.

(As Of: 12/18/2018 11:49:26 MST)

Diagnoses(Active)

Lethargy

Date: 12/18/2018 ; *Diagnosis Type:* Reason For Visit ;
Confirmation: Complaint of ; *Clinical Dx:* Lethargy ;
Classification: Interdisciplinary ; *Clinical Service:*
 Non-Specified ; *Code:* ICD-10-CM ; *Probability:* 0 ; *Diagnosis Code:* R53.83

Low blood sugar

Date: 12/18/2018 ; *Diagnosis Type:* Reason For Visit ;
Confirmation: Complaint of ; *Clinical Dx:* Low blood sugar ;
Classification: Interdisciplinary ; *Clinical Service:*
 Non-Specified ; *Code:* ICD-10-CM ; *Probability:* 0 ; *Diagnosis Code:* E16.2

Document Name:	ED Nursing Documents
Result Status:	Auth (Verified)
Signed By:	Rogers RN,Tanya (12/18/2018 11:46 MST)
Service Date/Time:	12/18/2018 11:45 MST

Vital Signs Entered On: 12/18/2018 11:46 MST

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote
Printed: 2/24/2022 17:21 MST Page 1,196 of 1,592 **Report Request ID:** 690868431

BDMC_KK 121818 001196 cyncn

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**ED REPORTS****Performed On:** 12/18/2018 11:45 MST by Rogers RN, Tanya**Vital Signs***Smart Template Height & Weight :* HT & WT*Weight :* 17.98 kg(Converted to: 39 lb 10 oz, 39.639 lb)

Rogers RN, Tanya - 12/18/2018 11:46 MST

Document Name:

ED Nursing Documents

Result Status:

Auth (Verified)

Signed By:

Carson RN,Lori (12/18/2018 13:04 MST)

Service Date/Time:

12/18/2018 12:00 MST

Vital Signs Entered On: 12/18/2018 13:05 MST**Performed On:** 12/18/2018 12:00 MST by Carson RN, Lori**Vital Signs***Temp C :* 36.4 DegC*Temperature Site :* Oral*Heart Rate :* 123 bpm*HR Site :* Monitor*Systolic Blood Pressure :* 82 mmHg*Diastolic Blood Pressure :* 64 mmHg*AVPU :* Alert and responsive*SpO2 :* 100 %*Oxygen Therapy :* Room air*Smart Template Height & Weight :* HT & WT*Weight -* 17.98 kg 12/18/18 11:46

Carson RN, Lori - 12/18/2018 13:04 MST

Document Name:

ED Nursing Documents

Result Status:

Auth (Verified)

Signed By:

Carson RN,Lori (12/18/2018 16:29 MST)

Service Date/Time:

12/18/2018 16:15 MST

Vital Signs Entered On: 12/18/2018 16:29 MST**Performed On:** 12/18/2018 16:15 MST by Carson RN, Lori

L = Low H = High C = Critical

* = Abnormal

^ = Interpretive Data

c = Corrected

f = Footnote

Printed: 2/24/2022 17:21 MST

Page 1,197 of 1,592

Report Request ID: 690868431

BDMC_KK 121818 001197 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**ED REPORTS****Vital Signs**

Temp C : 36.4 DegC
Temperature Site : Oral
Heart Rate : 102 bpm
HR Site : Monitor
Respiratory Rate : 24 br/min
Systolic Blood Pressure : 88 mmHg
Diastolic Blood Pressure : 61 mmHg
AVPU : Alert and responsive
SpO2 : 100 %
Oxygen Therapy : Room air
Smart Template Height & Weight : HT & WT
Weight - 17.98 kg 12/18/18 11:46
Height - 96.5 cm 12/18/18 15:39

Carson RN, Lori - 12/18/2018 16:29 MST

Document Name:

ED Nursing Documents

Result Status:

Auth (Verified)

Signed By:

Rogers RN,Tanya (12/18/2018 16:52 MST)

Service Date/Time:

12/18/2018 16:52 MST

Vital Signs Entered On: 12/18/2018 16:53 MST**Performed On: 12/18/2018 16:52 MST by Rogers RN, Tanya****Vital Signs**

Heart Rate : 104 bpm
HR Site : Monitor
AVPU : Alert and responsive
SpO2 : 100 %
Oxygen Therapy : Room air
Smart Template Height & Weight : HT & WT
Weight - 17.98 kg 12/18/18 11:46
Height - 96.5 cm 12/18/18 15:39

Rogers RN, Tanya - 12/18/2018 16:52 MST

Document Name:

ED Nursing Documents

Result Status:

Auth (Verified)

Signed By:

Carson RN,Lori (12/18/2018 17:47 MST)

Service Date/Time:

12/18/2018 17:30 MST

ED Discharge/Admit Entered On: 12/18/2018 17:47 MST**Performed On: 12/18/2018 17:30 MST by Carson RN, Lori**

L = Low H = High C = Critical

* = Abnormal

^ = Interpretive Data

c = Corrected

f = Footnote

Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001198 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**ED REPORTS****Discharge/Admit Info***ED Disposition :* Admit to inpatient*RN/LPN Perform Joint (Shared) Disch Prov :* Yes*Mode of Departure :* Stretcher*Portable Monitoring/Safety :* Monitor*Accompanied By Staff :* Nurse*Discharge Comment :* bedside handoff

Carson RN, Lori - 12/18/2018 17:47 MST

Document Name:

ED Nursing Documents

Result Status:

Auth (Verified)

Signed By:

QUADIR MD,ZAFAR ABDUL (1/3/2019 09:57 MST)

Service Date/Time:

1/3/2019 09:57 MST

Weight Dosing Entered On: 01/03/2019 9:57 MST**Performed On: 01/03/2019 9:57 MST by QUADIR MD, ZAFAR ABDUL****Weight Dosing***Weight Dosing :* 17.98 kg*Smart Template Height & Weight :* HT & WT*Weight -* 18.59 kg 01/02/19 09:50*Height -* 96.5 cm 12/18/18 15:39

QUADIR MD, ZAFAR ABDUL - 01/03/2019 9:57 MST

Document Name:

Emergency Depart Document

Result Status:

Modified.

Signed By:

Taylor RN,Jackie (12/18/2018 17:29 MST); Taylor RN,Jackie (12/18/2018 17:29 MST)

Service Date/Time:

12/18/2018 17:29 MST

Emergency Depart Document

BANNER DESERT MEDICAL CENTER
1400 South Dobson Road
Mesa, AZ 85202
(480) 412-3000

Emergency Department Discharge Instructions

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote
Printed: 2/24/2022 17:21 MST Page 1,199 of 1,592 Report Request ID: 690868431

BDMC_KK 121818 001199 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**ED REPORTS****Patient Information****Name:** KAHRAMAN, KENAN TROY **Age:** 6 Years **Date of Birth:** 9/27/2012 12:00 AM**MRN:** 1709723 **FIN:** 86693868**Patient Stated Allergies:** salicylates; sulfa drugs **Arrival Time:** 12/18/2018 11:34 AM **Checkout Time:** 12/18/2018 5:29 PM**Primary Care Physician:** JAFRI MD, ASMA

If your Primary Care Physician has changed, please advise the Emergency Department staff.

Provider and Nursing Reason For Visit:

Lethargy, Low blood sugar,

KAHRAMAN, KENAN TROY has been given the following list of follow-up instructions, patient education materials, and prescriptions:

This document and other clinical information will be sent to your MyBanner portal account. If you do not have a portal account, please self-enroll today at <https://mybanner.iqhealth.com/self-enroll/>

During your visit you had your blood pressure checked. If it was elevated, we recommend you follow up with your primary care provider within 4 weeks to recheck your blood pressure

Follow up Care Information:**Not yet Scheduled. Patient must call to schedule appointments.****Scheduled Future Appointments:****Future Appointments**

No Future Appointments Scheduled

Continuing Care:**These are your continuing care instructions after you leave the emergency department (if blank, no information available):**

No Available Information

Medication Information:

The healthcare providers at Banner Health Emergency Department will give you a list of your new medications. Follow your primary care doctor or pharmacist's instructions on how to take the medications on the list. Your new medications may be different from the medications that you now take at home. Do not make any changes to your home medications unless the healthcare providers at the Emergency Department tell you to make a change. If your home medications have been changed or stopped, the healthcare providers at the Emergency Department will list them in the comment box below.

Talk with your primary care doctor if you:

- Have a change in your home medications
- Want to know more about your medications

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

ED REPORTS

- Have questions about the dosage or amount of medications to take
- Cannot pay for your medication

How to Manage Your Medication Information:

1. Keep a list of your current medications, including over-the-counter medications and herbal products.
2. Update your medication list when your dosage has changed, you have new medications or you stop taking a medication.
3. Carry your updated, current medication list with you at all times in case of an emergency.
4. Share your updated, current medication list with your primary care doctor and other health care providers.
4. Share your updated, current medication list with your primary care doctor and other health care providers.

	Take Next Dose Date/Time
	New Prescription Comment:
	Continue Home Medications Comment:

No Available Information

Electronically Signed By:

Emergency Department Exams/Tests/Procedures

If you were cared for in this hospital Emergency Department, you will see these exams, tests, and procedures listed on this page.

No Available Information

Cardiology

CRD Echo 2D MMode, CF, Doppler (Complete, CRD PEDS Echo 2D MMode,CF, Doppler (Com,

Laboratory

ABSOLUTES-Discern, AUTOBILL, Advisor Order C difficile [cs], C difficile - GDH Ag/Toxin, C3 Complement, CBC (WITH Differential), CBC-Add'L Parameters - discern, Chloride, Random Urine, Cholesterol, Complement, Total (CH50), Comprehensive Metabolic Panel (Includes, Creatine Kinase, DIFF (Differential Cell Count)-Discern, Drug Screen - Abuse, Urine, Esoteric Testing, Laboratory Communication, Lipase Serum, Magnesium Serum, ORD - Discern, POCPANEL, PT (Protime)/INR, PTT (APTT), Potassium, Random Urine, Prealbumin, Probrain Natriuretic Peptide, QNI Generic Interface Order, Sodium, Random Urine, T4 Free, TSH with Reflex to FT4, Urinalysis, with mandatory microscopic,

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote
Printed: 2/24/2022 17:21 MST Page 1,201 of 1,592 **Report Request ID:** 690868431

BDMC_KK 121818 001201 cycn

Banner Health
 BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

ED REPORTS

Medical Imaging

Chest PA + Lat, US Abdominal Complete,

Patient Care

Blood Collect, Chart Review, ED Assessment, ED Pediatric Triage Part 1, ED Pediatric Triage Part 2, Follow up Notification, Insert Peripheral IV, Pediatric Admission History, Personal Belongings, Screening Assessment - Influenza, Screening Assessment - Pneumococcal, Urine Collect,

Durable Medical Equipment/Non Medication Orders:

No Available Information

Emergency Department Medications Administration:

No Available Information

BANNER DESERT MEDICAL CENTER
 1400 South Dobson Road
 Mesa, AZ 85202
 (480) 412-3000

Emergency Department Discharge Instructions Receipt

MRN: 1709723

FIN: 86693868

INFORMED DISCHARGE:

I, **KAHRAMAN, KENAN TROY** :

I, Parent/Guardian/Legally Authorized Representative of patient:

- Understand that the treatment given was on an emergency basis only, and the role of the ED is to treat immediately harmful conditions.
- Understand why certain test or exams were or were not performed for my reason for visit.
- Understand my Emergency provider has determined it is safe for me to be discharged with a follow-up plan.
- Understand what and why I need to do for follow-up care once I am discharged (medications to take, follow-up appointments to make, and when to return to the ED)
- Understand the results of any lab tests, cultures, x-rays not available at discharge will be reviewed and I will be contacted with any additional information considered abnormal at the phone number given when I registered.
- Understand these discharge instructions that have been explained to me by the care team.

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

ED REPORTS

 Patient Signature

 Date/Time

 Nurse Signature

 Parent/Guardian/Legally Authorized
 Representative Signature

 Date/Time

 Print Name of Parent/Guardian/Legally Authorized Representative
 (Circle Correct Relationship)

Emergency Depart Document

BANNER DESERT MEDICAL CENTER
 1400 South Dobson Road
 Mesa, AZ 85202
 (480) 412-3000

Emergency Department Discharge Instructions

Patient Information

Name: KAHRAMAN, KENAN TROY **Age:** 6 Years **Date of Birth:** 9/27/2012 12:00 AM

MRN: 1709723 **FIN:** 86693868

Patient Stated Allergies: salicylates; sulfa drugs **Arrival Time:** 12/18/2018 11:34 AM **Checkout Time:** 12/18/2018 5:29 PM

Primary Care Physician: JAFRI MD, ASMA

If your Primary Care Physician has changed, please advise the Emergency Department staff.

Provider and Nursing Reason For Visit:

Lethargy, Low blood sugar,

KAHRAMAN, KENAN TROY has been given the following list of follow-up instructions, patient education materials, and prescriptions:

This document and other clinical information will be sent to your MyBanner portal account. If you do not have a portal account, please self-enroll today at <https://mybanner.iqhealth.com/self-enroll/>

During your visit you had your blood pressure checked. If it was elevated, we recommend you follow up with your primary care provider within 4 weeks to recheck your blood pressure

Banner Health
 BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

ED REPORTS

Follow up Care Information:

Not yet Scheduled. Patient must call to schedule appointments.

Scheduled Future Appointments:

Future Appointments

No Future Appointments Scheduled

Continuing Care:

These are your continuing care instructions after you leave the emergency department (if blank, no information available):

No Available Information

Medication Information:

The healthcare providers at Banner Health Emergency Department will give you a list of your new medications. Follow your primary care doctor or pharmacist's instructions on how to take the medications on the list. Your new medications may be different from the medications that you now take at home. Do not make any changes to your home medications unless the healthcare providers at the Emergency Department tell you to make a change. If your home medications have been changed or stopped, the healthcare providers at the Emergency Department will list them in the comment box below.

Talk with your primary care doctor if you:

- Have a change in your home medications
- Want to know more about your medications
- Have questions about the dosage or amount of medications to take
- Cannot pay for your medication

How to Manage Your Medication Information:

1. Keep a list of your current medications, including over-the-counter medications and herbal products.
2. Update your medication list when your dosage has changed, you have new medications or you stop taking a medication.
3. Carry your updated, current medication list with you at all times in case of an emergency.
4. Share your updated, current medication list with your primary care doctor and other health care providers.
4. Share your updated, current medication list with your primary care doctor and other health care providers.

	Take Next Dose Date/Time
	New Prescription Comment:
	Continue Home Medications Comment:

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

ED REPORTS

No Available Information

Electronically Signed By:

Emergency Department Exams/Tests/Procedures

If you were cared for in this hospital Emergency Department, you will see these exams, tests, and procedures listed on this page.

No Available Information

Cardiology

CRD Echo 2D MMode, CF, Doppler (Complete, CRD PEDS Echo 2D MMode,CF, Doppler (Com,

Laboratory

ABSOLUTES-Discern, AUTOBILL, Advisor Order C difficile [cs], C difficile - GDH Ag/Toxin, C3 Complement, CBC (WITH Differential), CBC-Add'L Parameters - discern, Chloride, Random Urine, Cholesterol, Complement, Total (CH50), Comprehensive Metabolic Panel (Includes, Creatine Kinase, DIFF (Differential Cell Count)-Discern, Drug Screen - Abuse, Urine, Esoteric Testing, Laboratory Communication, Lipase Serum, Magnesium Serum, ORD - Discern, POC PANEL, PT (Protime)/INR, PTT (APTT), Potassium, Random Urine, Prealbumin, Probrain Natriuretic Peptide, QNI Generic Interface Order, Sodium, Random Urine, T4 Free, TSH with Reflex to FT4, Urinalysis, with mandatory microscopic,

Medical Imaging

Chest PA + Lat, US Abdominal Complete,

Patient Care

Blood Collect, Chart Review, ED Assessment, ED Pediatric Triage Part 1, ED Pediatric Triage Part 2, Follow up Notification, Insert Peripheral IV, Pediatric Admission History, Personal Belongings, Screening Assessment - Influenza, Screening Assessment - Pneumococcal, Urine Collect,

Durable Medical Equipment/Non Medication Orders:

No Available Information

Emergency Department Medications Administration:

No Available Information

BANNER DESERT MEDICAL CENTER
 1400 South Dobson Road
 Mesa, AZ 85202
 (480) 412-3000

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**ED REPORTS**

**Emergency Department
Discharge Instructions Receipt**

MRN: 1709723**FIN:** 86693868**INFORMED DISCHARGE:****I, KAHRAMAN, KENAN TROY :**

I, Parent/Guardian/Legally Authorized Representative of patient:

- Understand that the treatment given was on an emergency basis only, and the role of the ED is to treat immediately harmful conditions.
- Understand why certain test or exams were or were not performed for my reason for visit.
- Understand my Emergency provider has determined it is safe for me to be discharged with a follow-up plan.
- Understand what and why I need to do for follow-up care once I am discharged (medications to take, follow-up appointments to make, and when to return to the ED)
- Understand the results of any lab tests, cultures, x-rays not available at discharge will be reviewed and I will be contacted with any additional information considered abnormal at the phone number given when I registered.
- Understand these discharge instructions that have been explained to me by the care team.

Patient Signature_____
Date/Time_____
Nurse Signature_____
Parent/Guardian/Legally Authorized
Representative Signature_____
Date/Time_____
Print Name of Parent/Guardian/Legally Authorized Representative
(Circle Correct Relationship)

L = Low H = High C = Critical

* = Abnormal

^ = Interpretive Data

c = Corrected

f = Footnote

Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001206 cych

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

ED REPORTS

Document Name: Emergency Depart Document
 Result Status: Modified.
 Signed By: Carson RN,Lori (12/18/2018 17:48 MST); Carson RN,Lori (12/18/2018 17:48 MST)
 Service Date/Time: 12/18/2018 17:48 MST

Emergency Depart Document

BANNER DESERT MEDICAL CENTER
 1400 South Dobson Road
 Mesa, AZ 85202
 (480) 412-3000

Emergency Department Discharge Instructions

Patient Information

Name: KAHRAMAN, KENAN TROY **Age:** 6 Years **Date of Birth:** 9/27/2012 12:00 AM

MRN: 1709723 **FIN:** 86693868

Patient Stated Allergies: salicylates; sulfa drugs **Arrival Time:** 12/18/2018 11:34 AM **Checkout Time:** 12/18/2018 5:29 PM

Primary Care Physician: JAFRI MD, ASMA

If your Primary Care Physician has changed, please advise the Emergency Department staff.

Provider and Nursing Reason For Visit:

Lethargy,Low blood sugar,

KAHRAMAN, KENAN TROY has been given the following list of follow-up instructions, patient education materials, and prescriptions:

This document and other clinical information will be sent to your MyBanner portal account. If you do not have a portal account, please self-enroll today at <https://mybanner.iqhealth.com/self-enroll/>

During your visit you had your blood pressure checked. If it was elevated, we recommend you follow up with your primary care provider within 4 weeks to recheck your blood pressure

Follow up Care Information:

Not yet Scheduled. Patient must call to schedule appointments.

Scheduled Future Appointments:

Future Appointments

No Future Appointments Scheduled

Continuing Care:

These are your continuing care instructions after you leave the emergency department (if blank, no information available):

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

ED REPORTS

No Available Information

Medication Information:

The healthcare providers at Banner Health Emergency Department will give you a list of your new medications. Follow your primary care doctor or pharmacist's instructions on how to take the medications on the list. Your new medications may be different from the medications that you now take at home. Do not make any changes to your home medications unless the healthcare providers at the Emergency Department tell you to make a change. If your home medications have been changed or stopped, the healthcare providers at the Emergency Department will list them in the comment box below.

Talk with your primary care doctor if you:

- Have a change in your home medications
- Want to know more about your medications
- Have questions about the dosage or amount of medications to take
- Cannot pay for your medication

How to Manage Your Medication Information:

1. Keep a list of your current medications, including over-the-counter medications and herbal products.
2. Update your medication list when your dosage has changed, you have new medications or you stop taking a medication.
3. Carry your updated, current medication list with you at all times in case of an emergency.
4. Share your updated, current medication list with your primary care doctor and other health care providers.
4. Share your updated, current medication list with your primary care doctor and other health care providers.

	Take Next Dose Date/Time
	New Prescription Comment:
	Continue Home Medications Comment:

Yes - Patient/Parent/Guardian/Legally authorized representative verbalizes understanding of discharge instructions.

No Available Information

Electronically Signed By:

Emergency Department Exams/Tests/Procedures

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**ED REPORTS**

If you were cared for in this hospital Emergency Department, you will see these exams, tests, and procedures listed on this page.

No Available Information

Cardiology

CRD Echo 2D MMode, CF, Doppler (Complete, CRD PEDS Echo 2D MMode,CF, Doppler (Com,

Laboratory

ABSOLUTES-Discern, AUTOBILL, Advisor Order C difficile [cs], C difficile - GDH Ag/Toxin, C3 Complement, CBC (WITH Differential), CBC-Add'L Parameters - discern, Chloride, Random Urine, Cholesterol, Complement, Total (CH50), Comprehensive Metabolic Panel (Includes, Creatine Kinase, DIFF (Differential Cell Count)-Discern, Drug Screen - Abuse, Urine, Esoteric Testing, Laboratory Communication, Lipase Serum, Magnesium Serum, ORD - Discern, POCPANEL, PT (Protime)/INR, PTT (APTT), Potassium, Random Urine, Prealbumin, Probrain Natriuretic Peptide, QNI Generic Interface Order, Sodium, Random Urine, T4 Free, TSH with Reflex to FT4, Urinalysis, with mandatory microscopic,

Medical Imaging

Chest PA + Lat, US Abdominal Complete,

Patient Care

Blood Collect, Chart Review, ED Assessment, ED Pediatric Triage Part 1, ED Pediatric Triage Part 2, Follow up Notification, Insert Peripheral IV, Pediatric Admission History, Personal Belongings, Screening Assessment - Influenza, Screening Assessment - Pneumococcal, Urine Collect,

Durable Medical Equipment/Non Medication Orders:

No Available Information

Emergency Department Medications Administration:

No Available Information

BANNER DESERT MEDICAL CENTER
1400 South Dobson Road
Mesa, AZ 85202
(480) 412-3000

**Emergency Department
Discharge Instructions Receipt**

MRN: 1709723**FIN:** 86693868

L = Low H = High C = Critical

* = Abnormal

^ = Interpretive Data

c = Corrected

f = Footnote

Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001209 cycn

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

ED REPORTS

INFORMED DISCHARGE:

I, **KAHRAMAN, KENAN TROY** :

I, Parent/Guardian/Legally Authorized Representative of patient:

- Understand that the treatment given was on an emergency basis only, and the role of the ED is to treat immediately harmful conditions.
- Understand why certain test or exams were or were not performed for my reason for visit.
- Understand my Emergency provider has determined it is safe for me to be discharged with a follow-up plan.
- Understand what and why I need to do for follow-up care once I am discharged (medications to take, follow-up appointments to make, and when to return to the ED)
- Understand the results of any lab tests, cultures, x-rays not available at discharge will be reviewed and I will be contacted with any additional information considered abnormal at the phone number given when I registered.
- Understand these discharge instructions that have been explained to me by the care team.

 Patient Signature

 Date/Time

 Nurse Signature

 Parent/Guardian/Legally Authorized
 Representative Signature

 Date/Time

 Print Name of Parent/Guardian/Legally Authorized Representative
 (Circle Correct Relationship)

Emergency Depart Document

BANNER DESERT MEDICAL CENTER
 1400 South Dobson Road
 Mesa, AZ 85202
 (480) 412-3000

Emergency Department Discharge Instructions

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote
Printed: 2/24/2022 17:21 MST Page 1,210 of 1,592 **Report Request ID:** 690868431

BDMC_KK 121818 001210 cycn

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**ED REPORTS****Patient Information****Name:** KAHRAMAN, KENAN TROY **Age:** 6 Years **Date of Birth:** 9/27/2012 12:00 AM**MRN:** 1709723 **FIN:** 86693868**Patient Stated Allergies:** salicylates; sulfa drugs **Arrival Time:** 12/18/2018 11:34 AM **Checkout Time:** 12/18/2018 5:29 PM**Primary Care Physician:** JAFRI MD, ASMA

If your Primary Care Physician has changed, please advise the Emergency Department staff.

Provider and Nursing Reason For Visit:

Lethargy, Low blood sugar,

KAHRAMAN, KENAN TROY has been given the following list of follow-up instructions, patient education materials, and prescriptions:

This document and other clinical information will be sent to your MyBanner portal account. If you do not have a portal account, please self-enroll today at <https://mybanner.iqhealth.com/self-enroll/>

During your visit you had your blood pressure checked. If it was elevated, we recommend you follow up with your primary care provider within 4 weeks to recheck your blood pressure

Follow up Care Information:**Not yet Scheduled. Patient must call to schedule appointments.****Scheduled Future Appointments:****Future Appointments**

No Future Appointments Scheduled

Continuing Care:**These are your continuing care instructions after you leave the emergency department (if blank, no information available):**

No Available Information

Medication Information:

The healthcare providers at Banner Health Emergency Department will give you a list of your new medications. Follow your primary care doctor or pharmacist's instructions on how to take the medications on the list. Your new medications may be different from the medications that you now take at home. Do not make any changes to your home medications unless the healthcare providers at the Emergency Department tell you to make a change. If your home medications have been changed or stopped, the healthcare providers at the Emergency Department will list them in the comment box below.

Talk with your primary care doctor if you:

- Have a change in your home medications
- Want to know more about your medications

Banner Health

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- Have questions about the dosage or amount of medications to take
- Cannot pay for your medication

How to Manage Your Medication Information:

1. Keep a list of your current medications, including over-the-counter medications and herbal products.
2. Update your medication list when your dosage has changed, you have new medications or you stop taking a medication.
3. Carry your updated, current medication list with you at all times in case of an emergency.
4. Share your updated, current medication list with your primary care doctor and other health care providers.
4. Share your updated, current medication list with your primary care doctor and other health care providers.

	Take Next Dose Date/Time
	New Prescription Comment:
	Continue Home Medications Comment:

Yes - Patient/Parent/Guardian/Legally authorized representative verbalizes understanding of discharge instructions.

No Available Information

Electronically Signed By:**Emergency Department Exams/Tests/Procedures**

If you were cared for in this hospital Emergency Department, you will see these exams, tests, and procedures listed on this page.

No Available Information

Cardiology

CRD Echo 2D MMode, CF, Doppler (Complete, CRD PEDS Echo 2D MMode,CF, Doppler (Com,

Laboratory

ABSOLUTES-Discern, AUTOBILL, Advisor Order C difficile [cs], C difficile - GDH Ag/Toxin, C3 Complement, CBC (WITH Differential), CBC-Add'L Parameters - discern, Chloride, Random Urine, Cholesterol, Complement, Total (CH50), Comprehensive Metabolic Panel (Includes, Creatine Kinase, DIFF (Differential Cell Count)-Discern, Drug Screen - Abuse, Urine, Esoteric Testing, Laboratory Communication, Lipase Serum, Magnesium Serum, ORD - Discern, POCPANEL, PT (Protime)/INR, PTT

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Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001212 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**ED REPORTS**

(APTT), Potassium, Random Urine, Prealbumin, Probrain Natriuretic Peptide, QNI Generic Interface Order, Sodium, Random Urine, T4 Free, TSH with Reflex to FT4, Urinalysis, with mandatory microscopic,

Medical Imaging

Chest PA + Lat, US Abdominal Complete,

Patient Care

Blood Collect, Chart Review, ED Assessment, ED Pediatric Triage Part 1, ED Pediatric Triage Part 2, Follow up Notification, Insert Peripheral IV, Pediatric Admission History, Personal Belongings, Screening Assessment - Influenza, Screening Assessment - Pneumococcal, Urine Collect,

Durable Medical Equipment/Non Medication Orders:

No Available Information

Emergency Department Medications Administration:

No Available Information

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**Emergency Department
Discharge Instructions Receipt**

MRN: 1709723**FIN:** 86693868**INFORMED DISCHARGE:****I, KAHRAMAN, KENAN TROY :**

I, Parent/Guardian/Legally Authorized Representative of patient:

- Understand that the treatment given was on an emergency basis only, and the role of the ED is to treat immediately harmful conditions.
- Understand why certain test or exams were or were not performed for my reason for visit.
- Understand my Emergency provider has determined it is safe for me to be discharged with a follow-up plan.
- Understand what and why I need to do for follow-up care once I am discharged (medications to take, follow-up appointments to make, and when to return to the ED)
- Understand the results of any lab tests, cultures, x-rays not available at discharge will be reviewed and I will be contacted with any additional information considered abnormal at the phone number given when I registered.

Banner Health
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 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

ED REPORTS

Understand these discharge instructions that have been explained to me by the care team.

 Patient Signature

 Date/Time

 Nurse Signature

 Parent/Guardian/Legally Authorized
 Representative Signature

 Date/Time

 Print Name of Parent/Guardian/Legally Authorized Representative
 (Circle Correct Relationship)

PHARMACY NOTES

Document Name:
 Result Status:
 Signed By:
 Service Date/Time:

Pharmacy Drug Related Issue
 Auth (Verified)
 Guthrie RPh,Emily (12/18/2018 16:18 MST)
 12/18/2018 16:18 MST

Pharmacy Drug Related Issue Entered On: 12/18/2018 16:20 MST
Performed On: 12/18/2018 16:18 MST by Guthrie RPh, Emily

Drug Related Issue

Drug Related Issue Identified with : Allergy

Drug Related Issue Action : Clarify

Drug Related Issue Outcome : Accepted

Pharmacy Drug Information Comment : Verified sulfa allergy with mom. Per mom, pt has never had any sulfa medications, he is "sensitive to sulfa in foods." Explained that we will continue with administration of furosemide and monitor for any signs of allergic reaction. Thank you.

Guthrie RPh, Emily - 12/18/2018 16:18 MST

Document Name:
 Result Status:
 Signed By:
 Service Date/Time:

Pharmacy Drug Related Issue
 Auth (Verified)
 Hamilton PharmD,Tatum C (12/20/2018 10:20 MST)
 12/20/2018 10:20 MST

Pharmacy Drug Related Issue Entered On: 12/20/2018 10:20 MST
Performed On: 12/20/2018 10:20 MST by Hamilton PharmD, Tatum C

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Printed: 2/24/2022 17:21 MST Page 1,214 of 1,592 **Report Request ID:** 690868431

BDMC_KK 121818 001214 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**PHARMACY NOTES****Drug Related Issue***Drug Related Issue Identified with :* Duplicate therapy*Drug Related Issue Action :* Discontinue drug*Drug Related Issue Outcome :* Accepted*Pharmacy Drug Information Comment :* Ethacrynic acid already active on MAR

Hamilton PharmD, Tatum C - 12/20/2018 10:20 MST

Document Name:

Pharmacy Drug Related Issue

Result Status:

Auth (Verified)

Signed By:

Hamilton PharmD,Tatum C (12/20/2018 10:20 MST)

Service Date/Time:

12/20/2018 10:20 MST

Pharmacy Drug Related Issue Entered On: 12/20/2018 10:21 MST
Performed On: 12/20/2018 10:20 MST by Hamilton PharmD, Tatum C

Drug Related Issue*Drug Related Issue Identified with :* Drug needed but not prescribed*Drug Related Issue Action :* Add drug*Drug Related Issue Outcome :* Accepted*Pharmacy Drug Information Comment :* spoke with MD about duplicate ethacrynic acid. Intended to order levothyroxine.

New order entered for levothyroxine

Hamilton PharmD, Tatum C - 12/20/2018 10:20 MST

Document Name:

Pharmacy Nutrition Support

Result Status:

Auth (Verified)

Signed By:

Guthrie RPh,Emily (12/22/2018 10:45 MST)

Service Date/Time:

12/22/2018 10:45 MST

Pharmacy Nutrition Support Entered On: 12/22/2018 10:46 MST
Performed On: 12/22/2018 10:45 MST by Guthrie RPh, Emily

Nutrition Support*Pharmacy Nutrition Support Intervention :* Initial*Pharmacy Nutrition Support Actions :* Initiate*Physician Name :* LIN MD, THANT*Pharmacy Nutrition Outcome :* Accepted

L = Low H = High C = Critical

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Report Request ID: 690868431

BDMC_KK 121818 001215 cycn

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**PHARMACY NOTES**

Guthrie RPh, Emily - 12/22/2018 10:45 MST

Document Name:

Pharmacy Nutrition Support

Result Status:

Auth (Verified)

Signed By:

Guthrie RPh,Emily (12/23/2018 12:02 MST)

Service Date/Time:

12/23/2018 12:02 MST

Pharmacy Nutrition Support Entered On: 12/23/2018 12:03 MST**Performed On: 12/23/2018 12:02 MST by Guthrie RPh, Emily****Nutrition Support***Pharmacy Nutrition Support Intervention :* Daily follow-up*Pharmacy Nutrition Support Actions :* Adjust solution*Registered Dietitian :* Dominguez RD, Ana*Physician Name :* YOON MD, EUNICE*Pharmacy Nutrition Outcome :* Accepted*Pharmacy Nutrition Support Comments :* TPN modified to 250mL total to run over 10 hours. Dextrose increased to 12.5%, amino acids decreased to 0.5gm/kg/day. Electrolytes modified to fit into total TPN volume. Thank you.

Guthrie RPh, Emily - 12/23/2018 12:02 MST

Document Name:

Pharmacy Nutrition Support

Result Status:

Auth (Verified)

Signed By:

Hamilton PharmD,Tatum C (12/24/2018 10:15 MST)

Service Date/Time:

12/24/2018 10:15 MST

Pharmacy Nutrition Support Entered On: 12/24/2018 10:16 MST**Performed On: 12/24/2018 10:15 MST by Hamilton PharmD, Tatum C****Nutrition Support***Pharmacy Nutrition Support Intervention :* Daily follow-up*Pharmacy Nutrition Support Actions :* Adjust solution*Registered Dietitian :* Dominguez RD, Ana*Physician Name :* STEWART MD, RYAN MICHAEL*Pharmacy Nutrition Outcome :* Consult

Hamilton PharmD, Tatum C - 12/24/2018 10:15 MST

L = Low H = High C = Critical

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Printed: 2/24/2022 17:21 MST

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Report Request ID: 690868431

BDMC_KK 121818 001216 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**PHARMACY NOTES**

Document Name: Pharmacy Nutrition Support
Result Status: Auth (Verified)
Signed By: Haun RPh,Rebecca Cynthia (12/25/2018 11:52 MST)
Service Date/Time: 12/25/2018 11:52 MST

Pharmacy Nutrition Support Entered On: 12/25/2018 11:52 MST
Performed On: 12/25/2018 11:52 MST by Haun RPh, Rebecca Cynthia

Nutrition Support*Pharmacy Nutrition Support Intervention :* Daily follow-up*Pharmacy Nutrition Support Actions :* No change*Registered Dietitian :* Dominguez RD, Ana*Physician Name :* STEWART MD, RYAN MICHAEL*Pharmacy Nutrition Outcome :* Accepted*Pharmacy Nutrition Support Comments :* No changes to TPN. Thank you.

Haun RPh, Rebecca Cynthia - 12/25/2018 11:52 MST

Document Name: Pharmacy Nutrition Support
Result Status: Auth (Verified)
Signed By: Dyk RPh,Hannah E (12/26/2018 14:23 MST)
Service Date/Time: 12/26/2018 14:23 MST

Pharmacy Nutrition Support Entered On: 12/26/2018 14:23 MST
Performed On: 12/26/2018 14:23 MST by Dyk RPh, Hannah E

Nutrition Support*Pharmacy Nutrition Support Intervention :* Daily follow-up*Pharmacy Nutrition Support Actions :* Discontinue*Registered Dietitian :* Manz RD, Lindsey N*Pharmacy Nutrition Outcome :* Accepted*Pharmacy Nutrition Support Comments :* Recommend to utilize enteral feeds and discontinue PN.

Dyk RPh, Hannah E - 12/26/2018 14:23 MST

Document Name: Pharmacy Disease State Intervention
Result Status: Auth (Verified)
Signed By: Dyk RPh,Hannah E (1/2/2019 11:21 MST)
Service Date/Time: 1/2/2019 11:21 MST

Pharmacy Disease State Intervention Entered On: 01/02/2019 11:22 MST
Performed On: 01/02/2019 11:21 MST by Dyk RPh, Hannah E

L = Low H = High C = Critical * = Abnormal ^ = Interpretive Data c = Corrected f = Footnote
Printed: 2/24/2022 17:21 MST Page 1,217 of 1,592 **Report Request ID:** 690868431

BDMC_KK 121818 001217 cychn

Banner Health
BANNER DESERT MEDICAL CENTER
 1400 S. Dobson Road
 Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T
DOB: 9/27/2012 **Sex:** Male **Age:** 9 years
MR#: 1709723
Patient Location: 05 PONC; P713; 01
Attending Physician: BUTTRAM MD,SANDRA DW

CARDIOPULMONARY REPORTS

Document Name:	.Cardiology Procedure
Result Status:	Auth (Verified)
Signed By:	MIGA MD,DANIEL EDWARD (12/21/2018 15:47 MST)
Service Date/Time:	12/21/2018 11:07 MST

Pediatric Cardiac Catheterization

Patient: **KAHRAMAN, KENAN TROY** MRN: 1709723 FIN: 86693868
 Age: **6 years** Sex: **Male** DOB: **09/27/2012**
 Associated Diagnoses: **None**
 Author: **MIGA MD, DANIEL EDWARD**

PEDIATRIC CARDIAC CATHETERIZATION: #18-060

DATE OF PROCEDURE: 12/21/2018

PHYSICIAN: DANIEL E. MIGA, MD

CLINICAL BACKGROUND: Kenan is the 6 year old male with a previous history of a autism spectrum disorder, unspecified metabolic condition, chronic GI issues and chemical sensitivity presenting with progressive weakness, lethargy and edema. He was diagnosed with severe pulmonary hypertension and secondary right ventricular dysfunction and acute right heart failure. He has responded to anticongestive therapy with ethacrynic acid and milrinone. He has been found to have malnutrition related to a restrictive diet. Physical examination reveals a small male in no distress. The lungs are clear to auscultation. The cardiac examination reveals a increased right ventricular impulse with a normal S1 and single S2. There is a 1/6 systolic murmur heard the left sternal border. The abdomen is soft with liver palpable 4 cm below the right costal margin. Extremities reveal no clubbing or cyanosis and minimal edema. The pulses are +2 and symmetrical.

INDICATIONS FOR CARDIAC CATHETERIZATION: Hemodynamic and angiographic assessment of pulmonary hypertension.

PROCEDURE: Following informed consent, the patient was transported to the Cardiac Cath Lab. Upon arrival, the patient was sedated under general anesthesia and intubated for the procedure. Following appropriate sedation, the patient was prepped and draped in the usual sterile fashion. Using a Seldinger percutaneous technique, a 6 French sidearm sheath was inserted in the left femoral vein and a 4 French dilator was inserted in the right femoral artery for blood pressure monitoring. A 6 French balloon wedge catheter was inserted via the left femoral vein and advanced into the SVC and a right heart cath was completed. Pressure and oximetry data was obtained in the following locations: SVC, RA, IVC, RV, MPA, LPA, RPA and bilateral PWP. The patient was placed on 100% inspired oxygen and nitric oxide 20 ppm. Selective hand-injection angiograms were performed in the right pulmonary artery and left pulmonary artery. After equilibration of oxygen and nitric oxide, repeat hemodynamic data was obtained. The patient was weaned off nitric oxide without complication. The sheaths and catheters were removed and hemostasis was achieved by pressure. The patient tolerated the procedure well with total fluoroscopy time of 5.7 minutes. Estimated blood loss was 8 cc. Following hemostasis, the patient was awakened from anesthesia and extubated. He was transported to the recovery room for post-cath care.

HEMODYNAMIC DATA: (For pressures and saturations, please see heart diagram)

Pressures: The right atrial pressures are normal with a mean of 5 mmHg. There is no gradient across the tricuspid valve into the right ventricle. The right ventricular pressure waveforms are steepened in morphology with a elevated systolic pressure equal to 67% systemic with a normal diastolic pressure of 2-5 mmHg. There are no gradients across the pulmonary valve or into the branch pulmonary arteries. The pulmonary artery pressures are moderately to severely elevated with a mean of 38 mmHg. The bilateral wedge pressures are normal with a mean of 6 mmHg.

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Printed: 2/24/2022 17:21 MST Page 1,245 of 1,592 **Report Request ID:** 690868431

BDMC_KK 121818 001245 cych

Banner Health

BANNER DESERT MEDICAL CENTER
1400 S. Dobson Road
Mesa, AZ 85202-4707

Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**CARDIOPULMONARY REPORTS**

Oximetry: The mixed venous saturation was 68% throughout the right heart and the systemic saturation was 98%. Using the Fick principle, the cardiac index was calculated to be 2.7 L/min/m² and the pulmonary index was calculated to be 2.7 L/min/m². The QP: QS was equal to 1. The pulmonary arteriolar resistance was severely elevated at 11.7 units x m² and the systemic resistance was normal at 20 units x m². The RP: RS = 0.58.

Hemodynamic data on 100% oxygen/20 ppm Nitric Oxide: The mean right atrial pressure was 4, the mean pulmonary artery pressure was 22, the mean pulmonary wedge pressure was 5 and the mean systolic pressure was 62 mmHg. The mixed venous saturation was 81% throughout the right heart and the systemic saturation was 100%. Using the Fick principle and taking into account dissolved oxygen, the cardiac index was calculated to be 3.3 L/min/m² and the pulmonary index was calculated to be 3.3 L/min/m². The QP: QS was equal to 1. The pulmonary arteriolar resistance was mild to moderately elevated at 5.1 units x m² and the systemic resistance was normal at 17 units x m². The RP: RS = 0.29.

ANGIOGRAPHY: (Total contrast 4 cc of Isovue-370)

Left pulmonary artery (PA); 2 cc via hand injection.

Right pulmonary artery (PA); 2 cc via hand injection.

Selective angiography in the left lower pulmonary artery demonstrates a normal-sized artery and proximal branches with no stenoses or filling defects. The distal architecture is mildly abnormal with mild pruning but a good blush phase. There is normal left lower pulmonary venous return to the left atrium. The pulmonary vein is normal. Selective angiography in the right lower pulmonary artery demonstrates a normal-sized artery and proximal branches with no stenoses or filling defects. The distal architecture is abnormal with mild pruning, diminished blush phase and delayed emptying of the distal vasculature. There is normal right lower pulmonary venous return to the left atrium. The pulmonary vein is normal.

DIAGNOSIS:

1. **Moderate to severe pulmonary hypertension**
 - a. **Mean PAP = 38 mmHg.**
 - b. **Rpa = 11.7 units x m²; RP: RS = 0.58.**
 - c. **Diminished cardiac output (Qsi = 2.7 L/min/m²).**
2. **Abnormal distal pulmonary artery architecture consistent with chronic changes.**
3. **Pulmonary vascular reactivity to oxygen/nitric oxide**
 - d. **mean PAP = 22 mmHg.**
 - e. **Rpa = 5.1 units x m²; RP: RS = 0.29.**
 - f. **Improved cardiac output (Qsi = 3.3 L/min/m²).**

PLAN:

Post-cath care and observation.
Start sildenafil 10 mg TID
Start oxygen 1 L nasal cannula.
Continue evaluation for etiology of pulmonary hypertension.

Banner Health

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Patient: KAHRAMAN, KENAN T**DOB:** 9/27/2012 **Sex:** Male**Age:** 9 years**MR#:** 1709723**Patient Location:** 05 PONC; P713; 01**Attending Physician:** BUTTRAM MD,SANDRA DW**CARDIOPULMONARY REPORTS****Document Name:**

.Cardiology Procedure

Result Status:

Auth (Verified)

Signed By:

MIGA MD,DANIEL EDWARD (12/21/2018 13:10 MST)

Service Date/Time:

12/21/2018 13:07 MST

IMMEDIATE POST CATH NOTE

Patient: KAHRAMAN, KENAN TROY **MRN:** 1709723 **FIN:** 86693868
Age: 6 years **Sex:** Male **DOB:** 09/27/2012
Associated Diagnoses: None
Author: MIGA MD, DANIEL EDWARD

Procedure (full dictation to follow):

Pediatric Cardiac Catheterization

- General anesthesia.
- Safe surgery protocols completed.

Physician: Daniel E. Miga, MD**Anesthesiology:** Valley Anesthesia**Cath Sites:** 6 FR LFV; 4 FR dil RFA**EBL:** 8 cc**Specimens:** none**Pre-op Diagnosis:**

Pulmonary hypertension

Post-op Diagnosis/findings:

Moderate to severe PHTN; responsive to NO/Oxygen

Complications: none**Plan:**

Post cath care and observation.

Start Sildenafil 10 mg PO TID

Oxygen 1 L NC ATC

Decrease ethacrynic acid to daily

Aggressive nutritional support.

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Report Request ID: 690868431

BDMC_KK 121818 001247 cycn

* Auth (Verified) *

Central Report A
Not Admitted

CCPACU1



Patient Name:

Gender:

Age:

Profile: Bedside

Category: Pediatric

Paced Mode: Off

Location: CCPACU1 MCCPACU1

Group:

Screen Notes:

Vitals: 13:28:19

HR 104

PVC 3

Perf 6.4

RR 12

NBP 75/52 (57) (13:25)

Rhythm: Sinus Rhythm

Alarms:

12/21/2018 13:24:45 * Pair PVCs

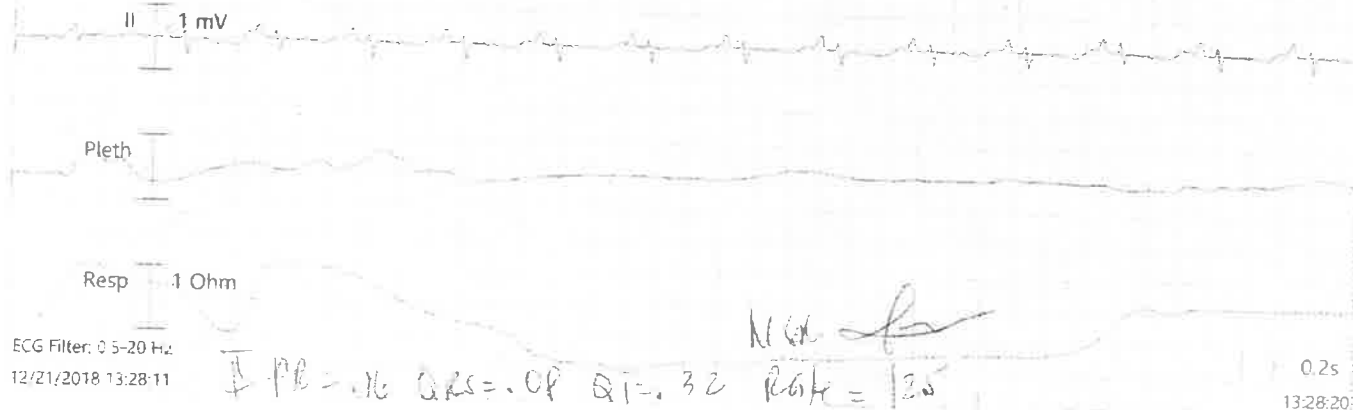
12/21/2018 13:24:44 * PVCs/min 6 >5

12/21/2018 13:23:21 **HR 73 <75

12/21/2018 13:23:17 **HR 74 <75

12/21/2018 13:22:27 **RR 4 <8

[13:28:20] HR 104 PVC 3 SpO2 99 Pulse (SpO2) 94 Perf 6.4 NBP 75/52 (57) (13:25) Pulse (NBP) 97 (13:25) RR 12



6001 Cardio Mount Sheet

Printed on 12/21/2018 13:28:20

PEDS

Banner Desert Medical Center

Page 1

* Auth (Verified) *

Kahraman, Kenan

Medical Record Number: 1709723

P203

Strip Report 12/21/2018 17:35:59

PR: 0 11 QRS: 0.09 QT: 0.31 RR: 0 59 QTC: 0.40 (s)

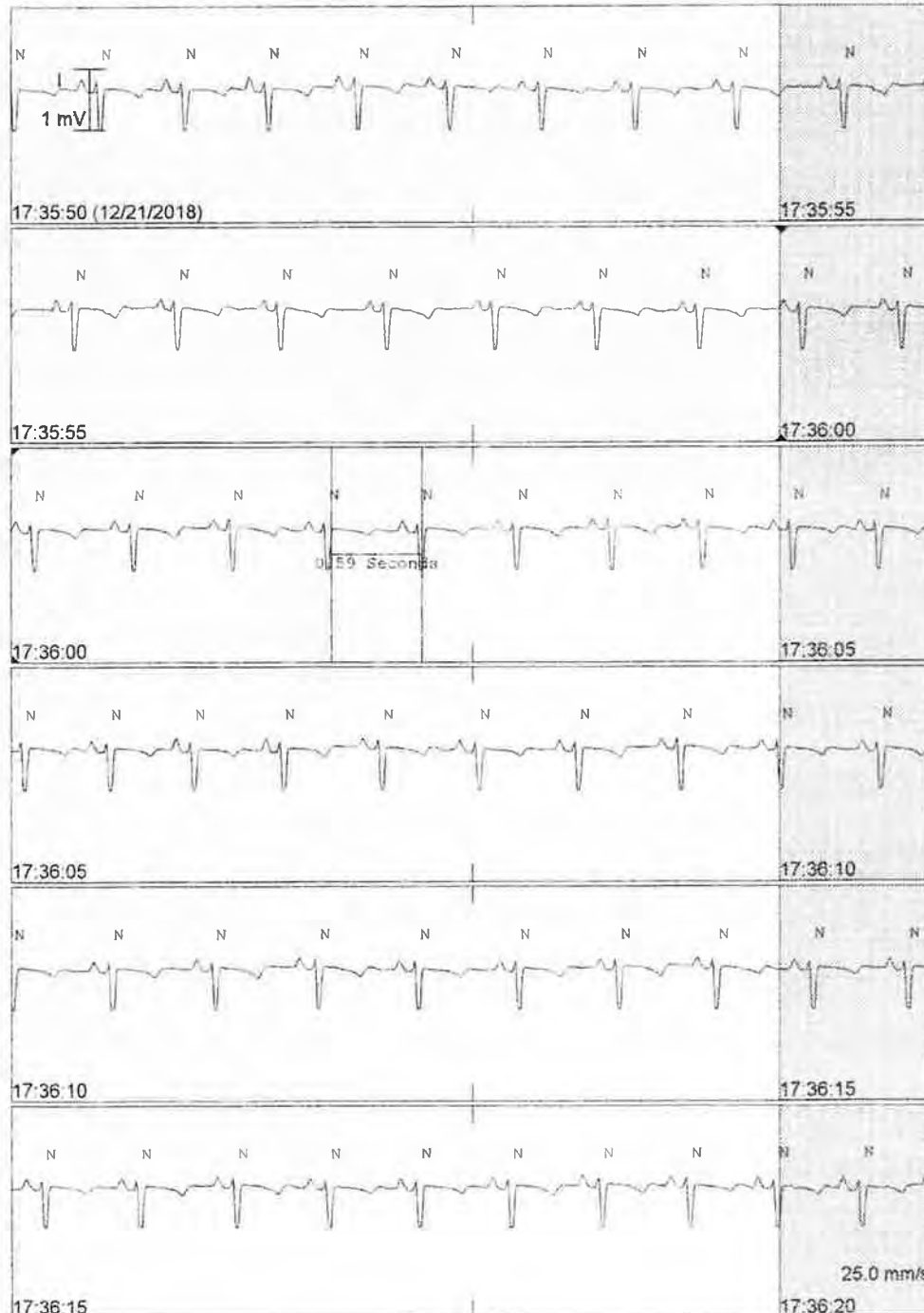
HR 103

%SpO2 99

PVC 0

PULSE 104

RESP 21



KAHRAMAN, KENAN TROY
MR 001709723 09/27/12
SVC PICU M 006Y
BDMC 00086693868 12/18/18
BANNER LABEL

6001 Cardio Mount Sheet

Page 1 of 1

PICU

Cardon Childrens Medical Center

* Auth (Verified) *

Kahramen, Kenan

Medical Record Number: 1709723

P203

Strip Report 12/23/2018 23:50:09

PR: 0.13 QRS: 0.06 RR: 0.68 (s)

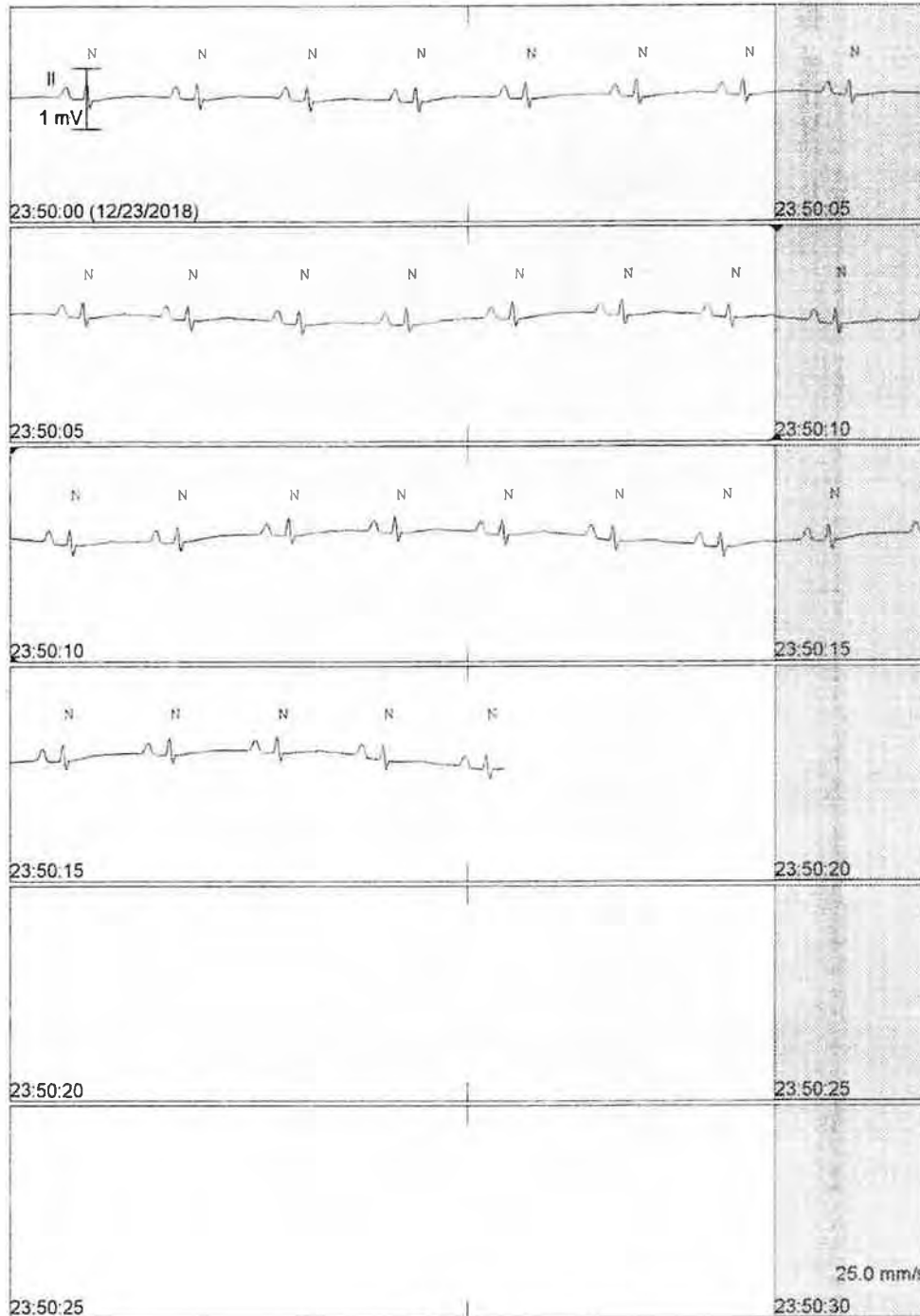
HR 82

%SpO2 99

PVC 0

PULSE 84

RESP 16



KAHRAMAN, KENAN TROY
MR 001709723 09/27/12
SVC PICU M 006Y
Accl 00086693868 12/18/18
BANNER LABEL

6001 Cardio Mount Sheet
Page 1 of 1

PICU

Cardon Childrens Medical Center

* Auth (Verified) *



Banner Health

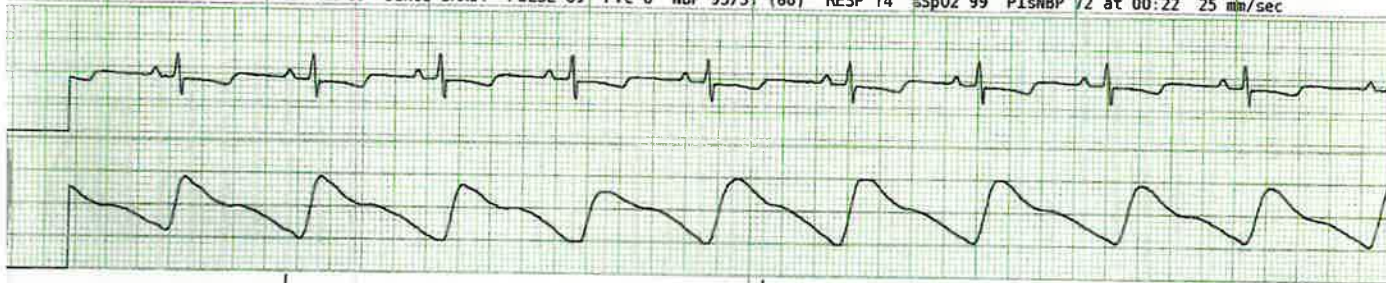
MONITOR RECORD

PROCEDURE:

- 1.) DOCUMENT DATE, TIME, AND PATIENT'S NAME ON EACH STRIP
- 2.) DOCUMENT ALL INFORMATION INDICATED FOR EKG READING
- 3.) DOCUMENT CRITERIA AS INDICATED FOR OTHER WAVEFORMS INCLUDING SCALE/CAL AND ALARM LIMITS
- 4.) DOCUMENT SIGNATURE AS INDICATED

KAHRAMAN, KENAN TROY	
MR 001709723	09/27/12
PONC M 006Y	
ACCT 00086693868	12/18/18
BDMC ARMBAND	

P705 12/25/2018 03:30:45 HR 69 SINUS BRADY PULSE 69 PVC 0 NBP 95/51 (60) RESP 14 %SpO2 99 PlsNBP 72 at 00:22 25 mm/sec



EKG: LEAD	QT	ARTERIAL: SBP	PULMONARY PAS	CVP:
PR	RATE	DBP	ARTERY: PAD	OTHER
QRS	ALARMS: HIGH	LOW	PAWP	SCALE/CAL:
INTERP:	SIGNATURE			

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EKG: LEAD	QT	ARTERIAL: SBP	PULMONARY PAS	CVP:
PR	RATE	DBP	ARTERY: PAD	OTHER
QRS	ALARMS: HIGH	LOW	PAWP	SCALE/CAL:
INTERP:	SIGNATURE			

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EKG: LEAD	QT	ARTERIAL: SBP	PULMONARY PAS	CVP:
PR	RATE	DBP	ARTERY: PAD	OTHER
QRS	ALARMS: HIGH	LOW	PAWP	SCALE/CAL:
INTERP:	SIGNATURE			



6001 Cardiopulmonary Reports

6001D
(02/2007)

*** Auth (Verified) ***



Banner Health

MONITOR RECORD

PROCEDURE:

- 1.) DOCUMENT DATE, TIME, AND PATIENT'S NAME ON EACH STRIP.
- 2.) DOCUMENT ALL INFORMATION INDICATED FOR EKG READING.
- 3.) DOCUMENT CRITERIA AS INDICATED FOR OTHER WAVEFORMS INCLUDING SCALE/CAL AND ALARM LIMITS.
- 4.) DOCUMENT SIGNATURE AS INDICATED.

KAHRAMAN, KENAN TROY

MR 001709723

09/27/12

PONC

M 006Y

ACCT 00086693868

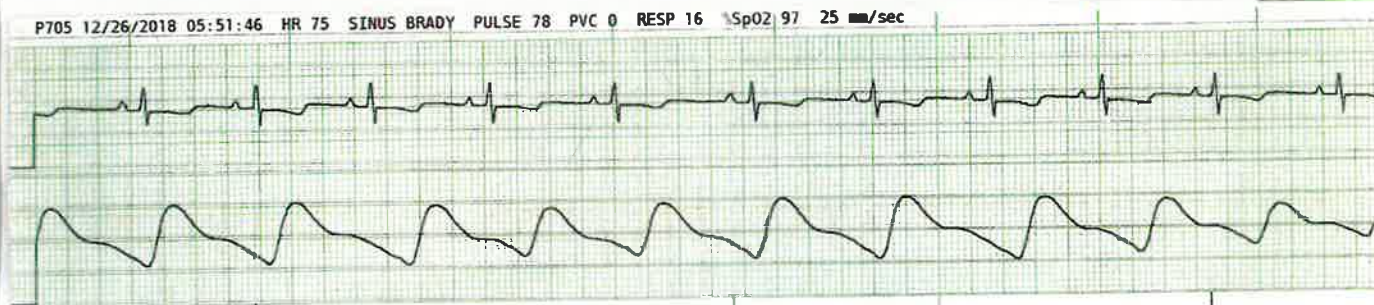
12/18/18

BDMC

BANNER LABEL



P705 12/26/2018 05:51:46 HR 75 SINUS BRADY PULSE 78 PVC 0 RESP 16 SpO2 97 25 mm/sec



EKG: LEAD _____	QT _____	ARTERIAL: SBP _____	PULMONARY PAS _____	CVP: _____
PR _____	RATE _____	DBP _____	ARTERY: PAD _____	OTHER _____
QRS _____	ALARMS: HIGH _____	LOW _____	PAWP _____	SCALE/CAL: _____
INTERP: _____			SIGNATURE _____	

7/26/2018 08:54:12 25 mm/sec HR 79 %SpO2 100 PVC 0 PULSE 80 RESP 21



EKG: LEAD _____	QT _____	ARTERIAL: SBP _____	PULMONARY PAS _____	CVP: _____
PR _____	RATE _____	DBP _____	ARTERY: _____	OTHER _____
QRS _____	ALARMS: HIGH _____	LOW _____	PAWP _____	SCALE/CAL: _____
INTERP: _____			SIGNATURE _____	

[illegible]

EKG: LEAD	QT	ARTERIAL: SBP	PULMONARY PAS	CVP:
PR	RATE	DBP	ARTERY: PAD	OTHER
QRS	ALARMS: HIGH	LOW	PAWP	SCALE/CAL:
INTERP:			SIGNATURE	



6001 Cardiopulmonary Reports

6001 D
(02/2007)

* Auth (Verified) *



Pediatric and Fetal Echocardiography

Banner Desert Medical Center
1400 S. Dobson Rd
Mesa, AZ 85202
Phone: 480-412-3501
Fax: 480-412-4424

KAHRAMAN, KENAN

Exam Date: 12/18/2018 15:37	Exam Location: BDMC	Department: Emergency Department
Age: 6 years	Gender: M	Ordering: AZUOGU, ONYEMEZE
DOB: 09/27/2012	Ht/Lt (cm): 96.5	Referring: ER PHYSICIAN
MRN: 05-001709723	Wt (kg): 16.329 BSA (m ²): 0.67	Reading: Daniel Miga MD
ACC/FIN: 05-00086693868	Type: Inpatient	Performing: BPC
		Sonographer: Godshalk, Gary, RDCS (AE, PE)

Indications: R/O Congestive heart failure, possible heart failure

Procedure Performed: A complete non-congenital two-dimensional, color flow and Doppler transthoracic echocardiogram was performed.

Sedation: None
Technical Quality: Extremely apprehensive

CONCLUSIONS

Normal segmental cardiac anatomy.
Moderate to severe right atrial dilatation.
Moderate to severe right ventricular dilatation with mild hypertrophy and moderately diminished systolic function.
Moderate tricuspid insufficiency with a RV-RA gradient of 70 mmHg (RVSP = 70 mmHg + RAP).
Normal left ventricular size without hypertrophy with normal systolic function; paradoxical septal wall motion.
No pericardial effusion.

FINDINGS

Position	Levocardia apex to the left [S,D,S].
Systemic Veins	Normal systemic venous connection to the right atrium.
Pulmonary Veins	Normal pulmonary venous connection to the left atrium.
Atria	Moderate to severe right atrial dilatation. Normal left atrial size and morphology.
Atrial Septum	Intact atrial septum.
Tricuspid Valve	Normal tricuspid valve with no stenosis. Moderate tricuspid insufficiency with a RV-RA gradient of 70 mmHg (RVSP = 70 mmHg + RAP).
Mitral Valve	Normal mitral valve with no stenosis or insufficiency.
Ventricular Septum	Intact ventricular septum.
Ventricles	Moderate to severe right ventricular dilatation with mild hypertrophy and moderately diminished systolic function. Normal left ventricular size without hypertrophy with normal systolic function; paradoxical septal wall motion.
Outflow Tracts	Normal right ventricular outflow with no evidence of obstruction. Normal left ventricular outflow with no evidence of obstruction.
Pulmonary Artery	Normal pulmonary valve. No pulmonary valve stenosis or regurgitation Dilated main pulmonary artery. Confluent, normal sized branch pulmonary arteries with no stenosis.
Aorta	Trileaflet aortic valve with no stenosis or insufficiency. Normal aortic root and ascending aorta. Normal coronary arteries origins. Left aortic arch with normal branching pattern and no coarctation. Normal abdominal aorta Doppler flow pattern.

* Auth (Verified) *

Pediatric TTE Report

KAHRAMAN, KENAN

05-001709723

Page

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PDA No patent ductus arteriosus.

Intracardiac Mass No thrombus or vegetation.

Pericardium/Pleura No pericardial effusion.

MEASUREMENTS

Measurements	Value	Normal Range	Z-Score	SD
IVS Diastolic Thickness MM	0.58 cm	0.44 - 0.78 cm	-0.27	0.09 cm
LV Diastolic Diameter MM	1.95 cm	2.85 - 3.81 cm	-5.65	0.24 cm
LVPW Diastolic Thickness MM	0.56 cm	0.42 - 0.72 cm	-0.13	0.08 cm
IVS Systolic Thickness MM	0.69 cm	0.67 - 1.07 cm	-1.72	0.10 cm
LV Systolic Diameter MM	1.21 cm	1.72 - 2.51 cm	-4.51	0.20 cm
LVPW Systolic Thickness MM	0.65 cm	0.80 - 1.17 cm	-3.51	0.09 cm
LV Fractional Shortening MM	37.95 %	30.21 - 42.75 %	0.62	3.85 %
LVMW FS MM LVPW Only	21.50 %	12.13 - 23.66 %	1.23	2.94 %
IVS to PW Ratio MM	1.04	0.70 - 1.43	-0.13	0.19
LV Mass MM	19.05 g	30.67 - 64.48 g	-4.47	0.08 g
LV Mass Index MM	28.79 g/m ²	48.67 - 101.74 g/m ²	-4.75	0.08 g/m ²

M-MODE PED

LV Ejection Fraction MM Teich

71.21 %

RV Diastolic Diameter MM

23.80 mm

LVMW Fractional Shortening MM

13.47 %

Measurements	Value	Normal Range	Z-Score	SD
Aortic Annulus Diameter	1.40 cm	1.06 - 1.48 cm	1.23	0.11 cm
Aortic Root Diameter	1.70 cm	1.38 - 2.04 cm	-0.05	0.17 cm
Aorta at Sinotubular Diameter	1.30 cm	1.14 - 1.66 cm	-0.78	0.13 cm
Prox Transverse Aorta Diameter	1.20 cm	0.91 - 1.49 cm	-0.01	0.15 cm
Aortic Isthmus Diameter	1.10 cm	0.71 - 1.30 cm	0.62	0.15 cm
PV Annulus Diameter	2.17 cm	1.12 - 2.14 cm	2.08	0.26 cm
Pulmonary Artery Diameter	2.03 cm	1.10 - 1.91 cm	2.55	0.21 cm
Right Pulmonary Artery Diameter	1.10 cm	0.66 - 1.20 cm	1.25	0.14 cm
Left Pulmonary Artery Diameter	1.30 cm	0.63 - 1.18 cm	2.78	0.14 cm

2D ECHO PED

LV Ejection Fraction MOD 4C

64.29 %

TRICUSPID DOPPLER PED

TR Peak Velocity

4.17 m/s

TR Peak Gradient

69.44 mmHg

PULMONARY DOPPLER PED

PV Peak Velocity

0.75 m/s

Left Pulmonary Artery Peak Velocity

0.23 m/s

Right Pulmonary Artery Peak Velocity

0.31 m/s

Main Pulmonary Artery Peak Velocity

0.61 m/s

Measurements	Value	Normal Range	Z-Score	SD
Mitral E Point Velocity	0.53 m/s	0.54 - 1.27 m/s	-2.02	0.19 m/s
Mitral A Point Velocity	0.61 m/s	0.22 - 0.69 m/s	1.28	0.12 m/s
Mitral E to A Ratio	0.87	0.85 - 3.33	-1.93	0.63

AORTIC DOPPLER PED

LVOT Peak Velocity

0.61 m/s

Ascending Aorta Peak Velocity

0.58 m/s

AV Peak Velocity

0.66 m/s

Thoracic Aorta Peak Velocity

0.55 m/s

TISSUE DOPPLER PED

LV E' Lateral Velocity

0.08 m/s

LV E' Medial Velocity

0.06 m/s

Mitral E to LV E' Lateral Ratio

6.47

Mitral E to LV E' Septal Ratio

9.10

* Auth (Verified) *

Pediatric TTE ReportKAHRAMAN, KENAN05-001709723Page

3

Daniel MigaMD
(Electronically Signed)
Final Date: 18 December 2018 17:09

* Auth (Verified) *



Pediatric and Fetal Echocardiography

Cardon Children's Medical Center
1400 S. Dobson Rd
Mesa, AZ 85202
Phone: 480-412-6336
Fax: 480-412-6359

KAHRAMAN, KENAN

Exam Date: 12/20/2018 08:16 Exam Location: CCMC Department: PICU
Age: 6 years Gender: M Ordering: MIGA, DANIEL EDWARD
DOB: 09/27/2012 Ht/Lt (cm): 97.0 Referring: MIGA, DANIEL EDWARD
MRN: 05-001709723 Wt (kg): 17.999 BSA (m²): 0.70 Reading: Daniel Miga.MD
ACC/FIN: 05-00086693868 Type: Inpatient Performing: BPC
Sonographer: Desai, Mitesh, RDCS (PE, FE), CNMT

Indications: F/U PPHN

Procedure Performed: A limited non-congenital two-dimensional transthoracic echocardiogram with color flow and limited Doppler imaging was performed.

BP: 86 / 52

CONCLUSIONS

Normal intracardiac anatomy.
Moderate to severe right atrial dilatation.
Moderate right ventricular dilatation with mild hypertrophy and moderately diminished systolic function.
Mild tricuspid insufficiency with a RV-RA gradient of 41 mmHg (RVSP = 41 mmHg + RAP).
Mild pulmonary insufficiency with an end-diastolic pressure of 29 mmHg.
Normal left ventricular size without hypertrophy with normal systolic function; paradoxical septal wall motion.
No pericardial effusion.

**Findings limited as above

MEASUREMENTS

Measurements	Value	Normal Range	Z-Score	SD
IVS Diastolic Thickness MM	0.45 cm	0.45 - 0.79 cm	-1.94	0.09 cm
LV Diastolic Diameter MM	2.60 cm	2.92 - 3.90 cm	-3.25	0.25 cm
LVPW Diastolic Thickness MM	0.45 cm	0.43 - 0.74 cm	-1.71	0.08 cm
IVS Systolic Thickness MM	0.67 cm	0.68 - 1.10 cm	-2.06	0.11 cm
LV Systolic Diameter MM	1.73 cm	1.76 - 2.57 cm	-2.13	0.21 cm
LVPW Systolic Thickness MM	0.67 cm	0.81 - 1.19 cm	-3.40	0.10 cm
LV Fractional Shortening MM	33.46 %	30.21 - 42.75 %	-0.81	3.85 %
LVMW FS MM LVPW Only	18.17 %	12.13 - 23.66 %	0.09	2.94 %
IVS to PW Ratio MM	1.00	0.70 - 1.43	-0.34	0.19
LV Mass MM	21.53 g	32.70 - 68.98 g	-4.15	0.08 g
LV Mass Index MM	30.91 g/m ²	49.31 - 103.14 g/m ²	-4.44	0.08 g/m ²

M-MODE PED

LV Ejection Fraction MM Teich 64.34 % RV Diastolic Diameter MM 18.10 mm
LVMW Fractional Shortening MM 17.47 %

TRICUSPID DOPPLER PED

TR Peak Velocity 2.93 m/s TR Peak Gradient 34.42 mmHg

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Pediatric TTE Report

KAHRAMAN, KENAN

05-001709723

Page

2

Daniel MigaMD

(Electronically Signed)

Final Date: 20 December 2018 10:08

* Auth (Verified) *



Pediatric and Fetal Echocardiography

Cardon Children's Medical Center
1400 S. Dobson Rd
Mesa, AZ 85202
Phone: 480-412-6336
Fax: 480-412-6359

KAHRAMAN, KENAN

Exam Date: 12/24/2018 06:38	Exam Location: CCMC	Department: PICU 203
Age: 6 years	Gender: M	Ordering: MIGA, DANIEL EDWARD
DOB: 09/27/2012	Ht/Lt (cm): 97.0	Referring: PETERS, ERIC
MRN: 05-001709723	Wt (kg): 18.219 BSA (m ²): 0.71	Reading: Prasad Ravi MD
ACC/FIN: 05-00086693868	Type: Inpatient	Performing: BPC
		Sonographer: Reynolds, Hyehyun, BS, RDCS (PE, FE, AE), M.L.S.

Indications: FOLLOW UP PULMONARY HYPERTENSION, FUNCTION

Procedure Performed: A limited non-congenital two-dimensional transthoracic echocardiogram with color flow and limited Doppler imaging was performed.

BP: 87 / 55

Technical Quality: Good

CONCLUSIONS

Moderate right atrial enlargement.
Moderate right ventricular dilatation with mild hypertrophy and qualitatively moderately diminished systolic function.
Mild tricuspid insufficiency with a RV-RA gradient of 34 mmHg (RVSP = 34 mmHg + RAP).
Mild pulmonary insufficiency with an end-diastolic pressure of ~8 mmHg.
Normal left ventricular size without hypertrophy with normal systolic function; paradoxical septal wall motion.
No pericardial effusion.

FINDINGS

Position	Levocardia apex to the left { S,D,S }.
Atria	Moderate right atrial enlargement. Normal left atrial size and morphology.
Tricuspid Valve	Normal tricuspid valve with no stenosis. Mild tricuspid insufficiency with a RV-RA gradient of 34 mmHg (RVSP = 34 mmHg + RAP).
Mitral Valve	Normal mitral valve with no stenosis. Trace to mild mitral insufficiency.
Ventricles	Moderate right ventricular dilatation with mild hypertrophy and moderately diminished systolic function. Normal left ventricular size without hypertrophy with normal systolic function; paradoxical septal wall motion.
Pulmonary Artery	Mild pulmonary insufficiency with an end-diastolic pressure of ~8 mmHg.
Pericardium/Pleura	No pericardial effusion.

MEASUREMENTS

Measurements	Value	Normal Range	Z-Score	SD
IVS Diastolic Thickness MM	0.55 cm	0.45 - 0.79 cm	-0.80	0.09 cm
LV Diastolic Diameter MM	2.86 cm	2.93 - 3.91 cm	-2.24	0.25 cm
LVPW Diastolic Thickness MM	0.55 cm	0.43 - 0.74 cm	-0.43	0.08 cm
IVS Systolic Thickness MM	0.85 cm	0.68 - 1.10 cm	-0.37	0.11 cm
LV Systolic Diameter MM	2.01 cm	1.77 - 2.58 cm	-0.80	0.21 cm
LVPW Systolic Thickness MM	0.83 cm	0.81 - 1.20 cm	-1.84	0.10 cm

* Auth (Verified) *

Pediatric TTE Report

KAHRAMAN, KENAN

05-001709723

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LV Fractional Shortening MM	29.72 %	30.21 - 42.75 %	-2.14	3.85 %
LVMW FS MM LVPW Only	13.41 %	12.13 - 23.66 %	-1.52	2.94 %
IVS to PW Ratio MM	1.00	0.70 - 1.43	-0.34	0.19
LV Mass MM	32.80 g	32.95 - 69.54 g	-1.98	0.08 g
LV Mass Index MM	46.82 g/m²	49.39 - 103.31 g/m²	-2.24	0.08 g/m²

M-MODE PED

LV Ejection Fraction MM Teich58.60 %RV Diastolic Diameter MM20.60 mm

LVMW Fractional Shortening MM14.97 %

2D ECHO PED

LV Ejection Fraction MOD 4C69.23 %

Measurements	Value	Normal Range	Z-Score	SD
Mitral E Point Velocity	0.73 m/s	0.54 - 1.27 m/s	-0.95	0.19 m/s

AORTIC DOPPLER PED

AV Peak Velocity0.61 m/s

Prasad Ravi MD

(Electronically Signed)

Final Date 24 December 2018 09:04

* Auth (Verified) *

05-1709723 KAHARAMAN, KENAN TROY 19-Dec-2018 6:21:58
DOB: 27-Sep-2012 6 Years Male White Banner Health (100)
PEDS (09)

HR 84 Sinus rhythm
PR 153 * Right atrial enlargement
QRS 73 * Right ventricular hypertrophy with strain pattern
QT 407
QTc 482

-- AXIS --
P 69
QRS 150
T -63

Edited

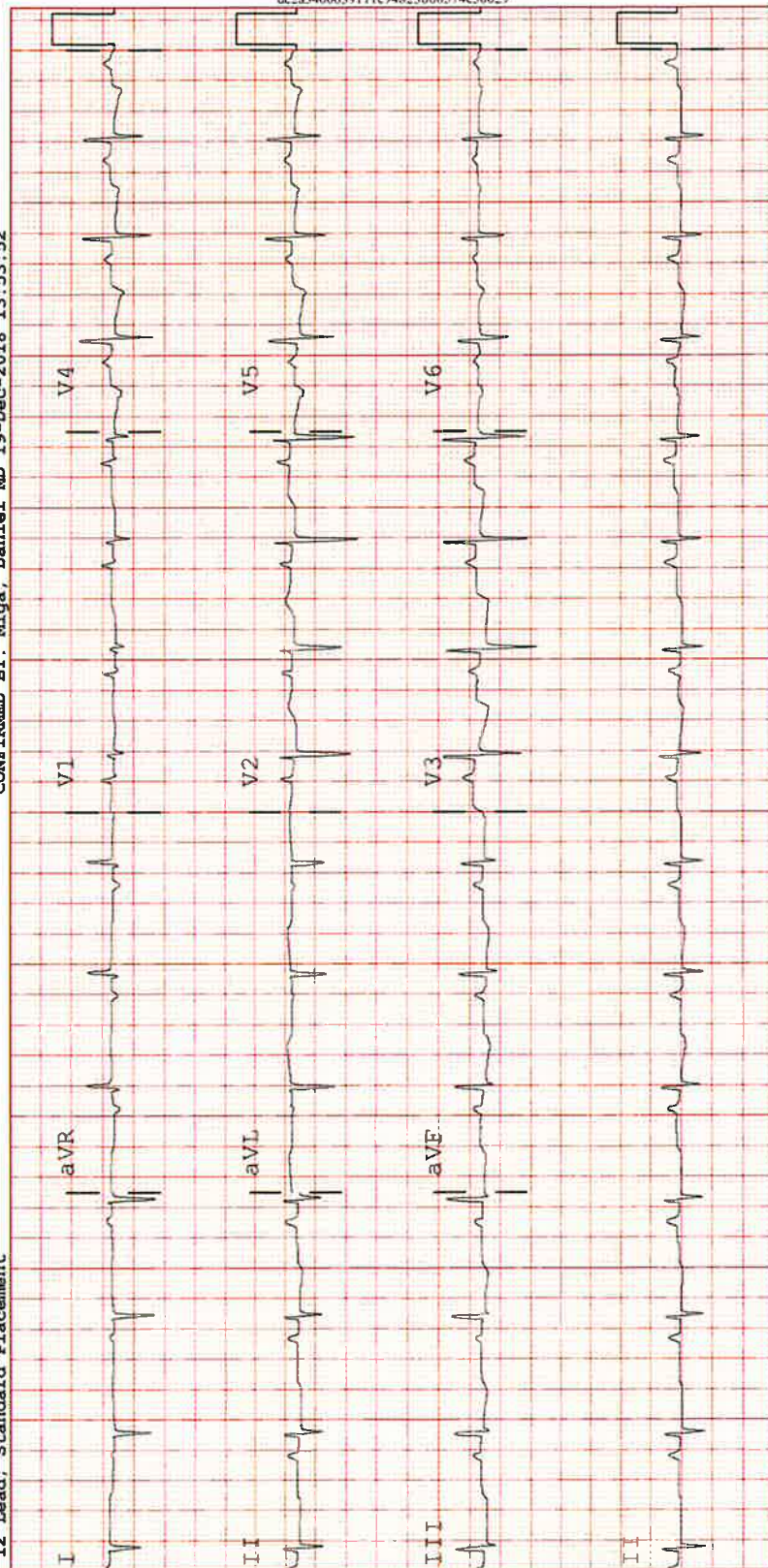
- ABNORMAL ECG -

Oper: 287138
FIN: 05-86693868
ROOM: PICU P2030
URN: 7011790

Account #: 05-86693868
Order #: 13360579837
Enc ID: 605475768
Reason: CHF

Requested By: DANIEL EDWARD MIGA
CONFIRMED BY: Miga, Daniel MD 19-Dec-2018 13:53:52

12 Lead: Standard Placement



Device: 1258781 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10 mm/mV F 60- 0.15-150 Hz PH100B B I P?

* Auth (Verified) *

05-1709723 KAHRAMAN, KENAN TROY 19-Dec-2018 6:21:58
DOB: 27-Sep-2012 6 Years Male White Banner Health (100)
BDMC (305)
PEDS (09)

HR 84 Pediatric ECG Interpretation -----
PR 153 Sinus rhythm Oper: 287138
QRS 73 Consider right ventricular hypertrophy FIN: 05-86693868
QT 407 Repolarization abnormality suggests LVH ROOM: P2030
QTc 482 URN: 7011790

-- AXIS --
P 69 Account #: 05-86693868
QRS 150 Order #: 13360579837
T -63 Enc ID: 605475768
Reason: CHF
Requested By: DANIEL EDWARD MIGA

- ABNORMAL ECG -

